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Draft country programme document**

China

Summary

The Executive Director presents the draft country programme document for China for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $61,035,000 from regular resources, subject to the availability of funds, and $40,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	369.2
U5MR (per 1,000 live births)	33
Underweight (%, moderate and severe, 2002)	8
Maternal mortality ratio (per 100,000 live births)	51
Primary school enrolment (% net, male/female)	99/99[a]
Primary school children reaching grade 5 (%, 2000/2001)	98
Use of improved drinking water sources (%, 2002)	77
Adult HIV prevalence rate (%)	0.1
Child work (%, children 5-14 years old)	—
GNI per capita (US$)	1 100
One-year-olds immunized against DPT3 (%)	90
One-year-olds immunized against measles (%)	84

† More comprehensive country data on children and women are available at www.unicef.org.
[a] Country-use definition.

The situation of children and women

1. China has continued to make remarkable progress towards realizing the rights of its children over the last five years. In 2001, the National Working Committee on Children and Women (NWCCW) reported that most of the 24 goals of the National Plan of Action for Children (NPA) in the 1990s had been reached, and set out an ambitious new programme for 2001-2010. China's spectacular economic progress is the impetus for many of these achievements, but of increasing concern is how to ensure equitable sharing of the benefits of growth. Striking a balance between economic and social development, between the advancing and lagging provinces (particularly those in the west of China), between urban and rural areas, between men and women, and between girls and boys, is the dominant theme of economic and social policy discourse.

2. While infant and under-five mortality continue to decline, the rate of reduction has slowed, and significant disparities remain among rural, western and migrant populations. Increasingly, infant deaths occur in the neonatal period; thereafter deaths through injuries take a greater toll. Although nationally 76 per cent of births take place in a hospital, there are considerable regional disparities in maternal mortality rates, and the goal to reduce these rates was one of the few unmet NPA targets for the 1990s. Although most children in China are food secure, stunting remains in the western provinces and in rural areas, and there are concerns about vitamin and mineral deficiencies in all parts of the country. At the same time, child obesity is an emerging problem.

3. There was significant progress in the 1990s in providing adequate sanitation and safe drinking water. However, while most urban homes have sanitary latrines, only 51 per cent of rural households have them. Inadequate sanitation in homes and schools, as well as poor hygiene practices, takes a continuous toll on the health of many children.

4. China plans to achieve compulsory basic education in areas that are home to 95 per cent of the population by 2010, and in areas with 85 per cent of the population for senior-secondary education by 2020. Although enrolment is already generally high, significant disparities in quality and access exist between provinces, between girls and boys, and among minority populations, including the children of migrants. In many less-developed areas, schools lack adequately trained teachers as well as the basic infrastructure that ensures a safe and healthy environment for learning. Central government spending on education has increased but not by enough to reach national targets.

5. The Government's plan for Education for All stresses the link between early childhood development (ECD) and basic education, noting, for example, that lack of school preparedness is a major reason for early dropout. The Government is promoting the establishment of private nursery schools and kindergartens, but a lack of trained teachers and the relatively high cost in less-developed areas limit access. There is a national model for ECD that is family-focused, community-based and inclusive of all relevant sectors. However, ensuring that the sectors work together remains a challenge.

6. China is witnessing massive internal migration: some 140 million people have left marginal rural and mountainous areas for urban centres in search of a better life, and their children are estimated to number over 20 million. The children who move with their parents sometimes face difficulties in accessing good-quality schools and health services, while those who stay behind with caregivers may drop out from school, suffer neglect or abuse, and lack emotional support.

7. The latest government estimates indicate that 840,000 people had HIV/AIDS, and 80,000 people were living with AIDS as of end 2003. Since 1999, there has been a 30 per cent annual rate of increase in reported HIV infections, and a doubling of the percentage of women infected. Surveillance data suggest that the epidemic is spreading into the general population from high-risk behaviour groups. As the epidemic matures in high-prevalence areas, increasing numbers of pregnant women are testing positive for HIV. In the same areas, children affected by HIV and AIDS confront stigma and the burden of caring for sick parents, and increasing numbers of children are contracting AIDS. The number of adolescents vulnerable to HIV is also increasing as the epidemic grows, particularly as many still lack access to the information, skills and supportive environments they need to protect themselves.

8. The 2000 census confirmed that there is a growing distortion in the sex ratio at birth: 117 boys are born for every 100 girls (10 points higher than normal). The reasons are complex but fundamentally stem from the discrimination females face in traditional Chinese culture.

9. China is a signatory to most major international conventions for the protection of children and has incorporated many principles of these conventions into Chinese law. However, the rapid pace of development is bringing new pressures, especially to the most vulnerable and marginalized families and children. The lack of good-quality data and information, the sensitivity surrounding the issues, and various forms of discrimination often work together to mask the situation of children who are abandoned, orphaned and live or work on the street, have disabilities, and are in conflict with the law and affected by migration. Concerns are growing about the moral development of young people and about enforcing laws to protect children from violence, abuse, trafficking and the worst forms of child labour.

10. China is prone to a range of natural disasters, including floods, droughts, earthquakes and snowstorms. In recent years, the capacity of the Government to adequately prepare for and respond to most natural disasters and emergencies has increased markedly.

11. The Government submitted its latest report to the Committee on the Rights of the Child in June 2003. The Committee will discuss the report in September 2005, with pre-session consultations for interested parties and non-governmental organizations (NGOs) scheduled for June 2005.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

12. The programme has achieved significant results against the four objectives set out in the previous country programme. Strategic advocacy and action in planning, implementing and monitoring the NPA was conducted with the NWCCW, and its leading role in research and studies was strengthened in emerging areas. As a result, critical issues (e.g., children of migrants, child injury, and violence against children) have become part of the national agenda for children, as evidenced in recent government reports.

13. Strategic partnerships have been expanded, including those providing access to critical decision-making bodies (e.g., the National Development and Reform Commission (NDRC) on the Five Year development plans) and outreach to children and adolescents (e.g., the Youth Federation). The scope of some traditional partners' interventions has broadened across the programme. Partnership with national academic institutions and experts contributed to the expansion of technical support (e.g., in safe motherhood, prevention of mother-to-child transmission (PMTCT) of HIV, a Learner Assessment Study). UNICEF has also played a leading role in facilitating inter-country partnerships (e.g., between the Governments of China, Viet Nam and Thailand for joint cross-border anti-trafficking projects, and the inter-regional partnership in arsenicosis mitigation).

14. Mobilization of other resources increased by almost 70 per cent between 2001 and 2004, primarily for the health and nutrition programme, but with gradual expansion to other programmes such as child protection. UNICEF provided strong technical assistance to new financing arrangements used to mobilize resources, for example, for hepatitis B vaccine and immunization (the Global Alliance for Vaccines and Immunization), for HIV/AIDS (the Global Fund to Fight AIDS, Tuberculosis and Malaria), and for nutrition (the Global Alliance for Improved Nutrition and the Asian Development Bank). The programme contributed to increased financing for services for children by linking UNICEF input to several larger-scale funding opportunities. For example, support for water-source monitoring facilitated access to national funding for new water supply provision, and support for safe motherhood leveraged much larger national funds.

15. The programme supported the development or strengthening of national laws, policies and guidelines using various approaches, including the documenting of pilot approaches and models, networking with national experts, focused advocacy through the provision of high-level international expertise, and visits from senior

UNICEF officials. The results include inputs to new policies for ECD that influenced resource allocation and resulted in an increase of kindergarten enrolment from 39 to 50 per cent in project areas; foster care for orphaned and abandoned children; policies and services for children who live or work on the street and children of migrants; the development of a framework of support for natural-disaster emergency response, including for psychosocial interventions; and inclusion of PMTCT and free education for orphaned children in the "Four Frees and One Care" national policy on HIV/AIDS.

16. Pilot and model-building initiatives have also been replicated by the Government. Examples include PMTCT, scaled-up from one county in 2002 to 127 counties in 2004; safe motherhood, expanded from 42 to 500 high-risk counties in 2004; flour fortification, expanded from 2 to 100 trial factories in seven provinces; the Education Management Information System, scaled-up nationwide; the province-wide integration of textbooks developed under the local curriculum in all six project provinces; and the foster care initiative, introduced in eight project sites and now replicated nationwide.

17. An evaluation of the Local Planning and Action for Children programme demonstrated that it promoted effective interventions for women's empowerment. The networks created provided an excellent channel for the dissemination of health education materials. The dissemination of key health and development messages for children was also increased through the production of a Chinese version of *Facts for Life*, for use in all programmes as a communication and training tool, and the development of a media vehicle reaching "900 Million Farmers". Progress has been made in raising awareness of the NPA and in supporting the development and monitoring of local-level plans of action for children in project counties.

Lessons learned

18. A critical lesson is how the role of UNICEF is changing in the context of continued rapid economic growth and development marked by growing disparities. Over previous programme cycles, the major emphasis of UNICEF support shifted from service delivery to capacity-building and technical assistance. UNICEF is now poised to support improved policy development and the implementation of such policy through knowledge acquisition, advocacy, communication and planning in a child rights framework.

19. Experience has shown that influencing national-level policy making requires interventions that (a) respond to China's national priorities and international goals and standards (examples include safe motherhood, ECD, HIV/AIDS, family-based care for abandoned or orphaned children, and community-based residential care for children who live or work on the street); (b) are supported by a strong scientific or technical rationale (examples include the Learning Achievement Study, the flour fortification efficacy trial, the PMTCT pilot, the bilingual and bicultural approach to education for the deaf, psychosocial intervention in disasters); or (c) use an emerging issue of concern or crisis as a catalyst (for example, the investigation on safety standards in kindergartens and schools, and on SARS for epidemiological surveillance and response).

20. Pilot projects have successfully been scaled up when (a) their intended purpose was clear and translated into appropriate design, including the development of clear protocols and guidelines for implementation (e.g., primary health care, safe

motherhood, ECD, local curriculum, and foster care); (b) their value has been demonstrated by systematic monitoring, and results have been documented and shared through an effective dissemination strategy (e.g., ECD and School Development Planning, PMTCT and children orphaned by AIDS); and (c) there is a systematic policy-support process, in the absence of which replication by the Government may be limited.

21. Addressing complex issues generally requires a high degree of coordination among partners, multi-sectoral programming (e.g., HIV/AIDS, ECD, and girls' education) and increased convergence between sectoral programmes for improved efficiency and impact.

The country programme, 2006-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Knowledge, advocacy and social policy for children	5 031	450	5 481
Health and nutrition	12 010	16 000	28 010
HIV/AIDS	5 880	6 700	12 580
Water and environmental sanitation	2 800	3 500	6 300
Education and child development	11 280	4 500	15 780
Child protection	7 950	4 400	12 350
Plans of action and promotion of child rights	6 842	4 450	11 292
Intersectoral programme	4 000	0	4 000
Cross-sectoral costs	5 242	0	5 242
Total	**61 035**	**40 000**	**101 035**

Preparation process

22. The Ministry of Commerce led the preparation process and brought together major Government counterpart Ministries, mass organizations and the NWCCW. The Government organized a national-level strategy meeting in February 2005 to identify development priorities and challenges as programme focus areas. The programme has drawn closely on the Common Country Assessment (CCA) for the overall analysis of the rapidly changing development situation in China, and the 2005 United Nations Development Assistance Framework (UNDAF).

Goals, key results and strategies

23. The overall goal is to support the Government in promoting the respect for, and ensuring the realization of, the rights of all children in China. In support of China's contribution to meeting the targets of the Millennium Development Goals and the Millennium Declaration, the following key results are expected. First, improved policies will be developed and adopted for the realization of children's rights to survival, development and protection. Second, government and community

capacity to assess and analyse the situation of children, and to monitor the implementation of policies for the realization of their rights, will be enhanced. Third, the increasing impact of HIV/AIDS on children and women will be halted. Fourth, the capacity of government at all levels to provide quality basic services is enhanced through technical assistance. Fifth, China's experience in implementing the Convention on the Rights of the Child will be more widely shared, and its cooperation with and learning from other countries on children's issues will have increased.

24. The strategies adopted address the rights of children at different stages in their lives. The programme continues to focus on disparities in child survival and development. It also addresses emerging threats such as child injury and obesity. At the same time, it gives increased priority to enhancing child protection by tackling (a) a range of specific issues that affect the most vulnerable children, (b) issues relating to children affected by HIV/AIDS, and (c) the participation rights of children.

25. The programme will support policy dialogue through (a) advocacy based on knowledge acquired in high-quality studies and surveys on emerging or insufficiently understood issues, (b) international experience-sharing, and (c) the supporting and documenting of innovative pilot projects and best practices. Reporting on pilot projects by the time of the next mid-term review (MTR) will allow dissemination of information for replication by the Government and/or policy change during the remainder of the programme.

26. Advocacy for policy development will draw on leading international expertise combined with knowledge found in national academic institutions, and it will be guided by strategic national and international partnerships. The aim will be to ensure incorporation of critical child-related issues into the Five Year Development Plans. To support policy development, the programme will strengthen the capacity of counterparts at different levels in rights- and results-based programming, and in the acquisition of specific technical skills required for pilot-project development.

27. The programme will focus attention on the western provinces that are lagging in development progress while facilitating inter-provincial experience exchange. Urban areas will be included to address the growing conditions of poverty and social change affecting children. The programme will seek geographic convergence in a limited number of counties as a way to increase efficiency, enable inter-sectoral approaches and support implementation of provincial and county plans of action for children.

Relationship to national priorities and UNDAF

28. The NPA provides a framework for government action in realizing children's rights and has guided the development of the country programme. The NPA features specific, measurable goals in health and education, as well as more general objectives in child protection. UNICEF, as part of the United Nations country team, collaborated in developing the CCA with the Government, advocating strongly for paying adequate attention to issues of social protection. The UNDAF identified five outcome areas in support of China's national development priorities: (a) social and economic policies; developed and improved to be more scientifically based and human centred for sustainable and equitable growth; (b) enhance capacity for monitoring and evaluation of social policy implementation; (c) the promotion of

environmental sustainability; (d) combating HIV/AIDS; and (e) the facilitation of China's role in international cooperation. The country programme contributes to all five outcomes but focuses particularly on enhancing social policy development and monitoring its implementation, and on combating HIV/AIDS.

Relationship to international priorities

29. In its increasing emphasis on social policy analysis, knowledge and advocacy, as well its continuing support to national efforts in children's health, education and protection, the programme contributes to all focus areas of the draft medium-term strategic plan (MTSP) of UNICEF 2006-2009. The programme's emphasis on disparity reduction in access to and quality of basic health care, sanitation and education services (particularly in western China and rural areas, and for children affected by migration, and girls) supports national efforts to achieve the Millennium Development Goals in education, infant and maternal mortality reduction, and gender equality. Through its emphasis on halting the increasing impact of HIV/AIDS on children and women, the programme addresses the targets of both the Goals and the MTSP.

30. Previous UNICEF cooperation contributed to poverty alleviation including through projects that covered microcredit for rural women. Such projects will be phased out, while lessons learned from them will be shared with institutions able to take them to scale. The Government itself will pay increasing attention to income poverty-alleviation, supported by international organizations with comparative advantage in this area, such as the United Nations Development Programme, the International Fund for Agricultural Development and the World Bank.

Programme components

Knowledge, advocacy and policy development for children

31. The challenges facing children in a rapidly developing China require enhanced efforts to acquire and disseminate solid and reliable knowledge on the situation of children and to strengthen communication for advocacy to influence policy, build support for children's issues, and create alliances. Guided by the NWCCW, this programme will conduct research and analysis on the commitments to, policies on and results for children, and will support research in the health, education and child protection programmes. It will also advocate for the global children's agenda based on the Convention on the Rights of the Child and the national priorities in the NPA, paying increased attention to issues of child protection, participation, and gender discrimination. Efforts will go towards strengthening capacity-building and partnerships with other organizations: United Nations agencies, academic and research institutes, mass organizations with community outreach such as the All China Women's Federation, young people's NGOs, and mass media (especially those used by youth and children, such as television and the Internet, including the global and national UNICEF websites in Chinese). The programme will identify and support national and international opportunities for sharing best practices and lessons learned from China's significant experience in achieving goals for children, and will introduce into China innovation and global norms in child rights programming.

Health and nutrition

32. China faces a double challenge in aiming to reduce disparities in access to health and nutrition services and information, especially regarding neonatal mortality, while also dealing with emerging issues such as child injury, over-nutrition, and adolescent health. The health and nutrition programme will gather evidence to support the development of policies and guidelines that (a) ensure equitable access to an essential package of maternal and child health care (MCH) and nutrition, particularly for girls; (b) promote marketing of essential health commodities such as iodized salt; and (c) provide information to households to create demand for services and improve care practices.

33. The programme will focus on western provinces and cities with large migrant populations. The maternal and child health, nutrition and immunization projects will contribute to more integrated, convergent and efficient interventions, as well as to the adaptation of national programmes strategies (for example, in immunization and control of iodine deficiency disorders) to serve marginalized populations. The prevention of mother-to-child transmission (PMTCT) of HIV, and the care and treatment of children with HIV will be integrated into MCH services. UNICEF will promote awareness about the importance of, and develop guidelines for, dealing with emerging threats in health and nutrition. These strategies will be complemented by capacity-building of counterparts, technical support, multi-sectoral cooperation and networking with national experts and academic institutions, advocacy for scaling-up and replication, support to knowledge acquisition and operational research.

34. The principal programme counterpart is the Ministry of Health; other major partners are the World Health Organization for MCH, immunization and nutrition; the United Nations Population Fund (UNFPA) for safe motherhood and adolescent lifestyles; and other members of the United Nations theme group on health for financing and health reform issues.

HIV/AIDS

35. The programme will support "child-centred" HIV/AIDS policy development, implementation, assessment and resource mobilization for (a) the care, treatment and protection of children infected or affected by HIV/AIDS; and (b) a reduction in children's vulnerability to HIV, including the stigma and discrimination experienced by children and families.

36. The programme focus areas include (a) PMTCT, and care and treatment for children living with HIV; (b) the care, protection and support for children affected by HIV/AIDS; (c) a reduction of children's vulnerability to HIV; and (d) planning, monitoring and coordination for children affected by HIV/AIDS. The main strategies will be knowledge acquisition and dissemination, the development of strategic information on children's vulnerability, local capacity-building, partnerships and children's participation. The main counterparts will be the State Council Working Committee on HIV/AIDS, the Ministry of Health, the Ministry of Civil Affairs, the Ministry of Education, and the China National Committee for Care of Children. HIV/AIDS activities will be coordinated and implemented cross-sectorally to promote integrated policy and guidelines development, in close collaboration with the United Nations theme group on HIV/AIDS.

Water and environment sanitation

37. The programme aims to address poor water quality and limited access to child-friendly and environmentally-appropriate sanitation infrastructure in rural homes and schools. New standards for rural school sanitation infrastructure, including access to hand-washing facilities and drinking water, will be developed. Support will be provided for the development of national policies, standards and guidelines through the gathering of evidence and sharing of best practices and experience, within China and regionally. Gains made in the control of arsenic and fluoride poisoning will be consolidated and extended through the development of a communication strategy on water quality issues, and by the strengthening of surveillance and monitoring capacity.

38. Existing partnerships with WHO and the World Bank on rural sanitation, hygiene and water quality issues will be strengthened and regional networks expanded to advocate with government leadership for the adoption of new policies in these areas.

Education and child development

39. Disparities in the quality of basic education, uneven standards in learner assessment and outcomes, and gender inequality in school attendance and completion rates remain key challenges, especially in western China. Using past innovative approaches and lessons learned, the programme will gather evidence for and lend support to the development of national policies and sub-national plans to reduce education disparities related to sex and ethnicity, and among children affected by migration, The programme will promote the Government's goal of "human-centred" and "well-rounded development of all children". Projects will use piloting and operational research for the development of national standards and guidelines. Included are four areas: (a) child-friendly, healthy and safe pre- and primary-schools; (b) learning and information centres for out-of-school children; (c) developmental milestones and learner assessments; (d) school management for a safe, healthy and gender-sensitive learning environment; and (e) monitoring and sustaining educational planning and school and learner standards.

40. Quality assurance at the lowest administrative levels will be enhanced through capacity-building. Inter- and multi-sectoral coordination will be strengthened for nationwide advocacy on parenting practices, the acceleration of girls' education, life skills for emergency preparedness, vulnerability reduction (especially to HIV/AIDS) and the development of compulsory education-criteria for school sanitation and safety. Reviews of teaching materials and curricula for gender-sensitivity and the supply of teaching, play and creativity-promoting materials will strengthen the inclusiveness of child-friendly school standards. Support for policy development will be backed by studies, surveillance on data quality, participatory and consultative networks, and advocacy.

41. Partnerships will extend beyond the Ministry of Education and the China Association of Science and Technology to include the NDRC, NWCCW and research institutions. Inter-agency partnerships, in particular with the United Nations Educational, Scientific and Cultural Organization and the World Bank, will be expanded to cover life skills education, learning assessments and the United Nations Girls' Education Initiative.

Child protection

42. The programme addresses three major areas of concern within the context of the rapid socio-economic transformation occurring in China. First, the development of improved child protection systems and networks at community and higher levels, including for emergency preparedness, and the development of a rights-based juvenile justice system. Second, the prevention of and responses to trafficking, violence against children, and injury. Third, the protection of children affected by HIV/AIDS, children with disabilities, and children without caregivers (including children who are abandoned, orphaned, and live or work on the street).

43. The programme strategies include the creation of solid knowledge bases on child protection issues and the filling of information gaps as well as the pursuit of advocacy and policy-development based on the results of research and proven pilot projects. Emphasis will also be placed on capacity-building activities, particularly in rights-based and results-based programming, and communication and media outreach. The cross-sectoral nature of the issues dealt with in the child protection, education and HIV/AIDS programmes will require strong collaboration.

44. Major partners will include the National People's Congress, NWCCW, Supreme Peoples' Procuratorate, the All China Women's Federation, the Ministry of Civil Affairs, the Ministry of Public Security and the Ministry of Justice. Other governmental organizations and NGOs will participate as appropriate. UNICEF support will link closely with that of United Nations agencies such as the International Labour Organization (ILO), and other international NGOs in relevant areas.

Plans of action and promotion of child rights

45. China is a leading example of a country using national and sub-national plans to set goals and targets for children's health, education and protection. The programme will continue to support the NWCCW and the National Bureau of Statistics in monitoring and evaluating implementation of the current NPA and in developing the next one. The programme will (a) support continuing situation analyses of the millions of children affected by migration, both those who move and those who are left behind, (b) pilot innovative strategies for addressing the special challenges they face, and (c) contribute to policy development. The programme will also promote child rights-based approaches in national communication campaigns of the All China Women's Federation to address discrimination against girls as well as family education.

46. The Local Planning and Action for Children programme will become a project focused on strengthening the capacity of local governments to efficiently manage and sustain access to microcredit for poor rural women in the current 34 project counties over three years. UNICEF will not fund new microcredit but will instead emphasize cementing improvements to the loan-tracking system. In addition, the project will also support implementation of local plans of action for children in a number of poor counties.

Cross-sectoral costs

47. This area covers overall support to programme planning, monitoring and evaluation and includes the supply and procurement operation, which also services

other countries. Communication activities in support of the country programme and various ancillary costs are also included. Under the inter-sectoral programme, a reserve of $4 million is proposed to ensure a flexible response to emerging needs as well as innovative approaches.

Major partnerships

48. The country programme will increase the number and diversity of partnerships. The UNDAF has highlighted opportunities for collaboration with United Nations agencies, including WHO and UNFPA for children's health; members of the United Nations theme group on HIV/AIDS; and ILO and the United Nations Inter-Agency Project on Human Trafficking in the Greater Mekong Sub-Region regarding child labour and trafficking. Existing partnerships with media for advocacy and knowledge-dissemination will expand, and new relationships with web-based media will be developed. The programme will seize opportunities to work with the emerging NGO sector in China, particularly in challenging areas such as child protection and participation. Partnerships with bilateral agencies for policy development in key areas will increase, such as those with the United Kingdom Department for International Development and the World Bank on sanitation, and the Asian Development Bank on nutrition. Advocacy and fund-raising partnerships with the private sector and National Committees for UNICEF will focus on issues such as HIV/AIDS, child injury prevention, nutrition, MCH, and ECD.

Monitoring, evaluation and programme management

49. China has a strong national statistical system, including regular censuses and surveys, for gathering data on the situation of children and tracking key indicators. However, national capacity for disaggregated data analysis, particularly on variables such as sex and ethnicity, needs strengthening, and will be a focus of support. UNICEF has supported the adaptation of *DevInfo* at the national level into *NPAInfo* as a tool for monitoring progress towards the NPA goals, and will further support its use at sub-national levels.

50. The programme will give increased attention to monitoring and evaluation through the development of an integrated monitoring and evaluation plan that focuses on measuring results for children, especially in relation to the overall programme goal of influencing policy development through the acquisition and dissemination of knowledge. The rapid pace of development will make the MTR a key milestone for the China country programme, providing an opportunity to focus cooperation on priority issues and identify those no longer needing support. In advance of the MTR, UNICEF and counterparts will evaluate programme innovations relating to knowledge, advocacy and policy analysis.

51. The Ministry of Commerce coordinates the country programme through regular liaison with line ministries and the management of UNICEF China. The country programme will strengthen its links with NWCCW to monitor the overall situation of children in China and to identify new and emerging issues of concern. UNICEF China will continue to support the process of United Nations reform and will have a key role in monitoring implementation of the UNDAF and updating the CCA.

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Draft country programme document**

Myanmar

Summary

The Executive Director presents the draft country programme document for Myanmar for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $41,130,000 from regular resources, subject to the availability of funds, and $65,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2006 to 2010.

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Basic data[†] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	18.8
U5MR (per 1,000 live births)	107
Underweight (% moderate and severe)	32
Maternal mortality ratio (per 100,000 live births)	260
Primary school enrolment (% net, male/female)	83/85, 82/82
Primary schoolchildren reaching grade 5 (%)	60
Use of improved drinking water sources (%)	80
Adult HIV prevalence rate (%)	1.2
Child work (%, children 5-14 years old)	...
GNP per capita (US$)	
One-year-olds immunized against DPT3 (%)	77
One-year-olds immunized against measles (%)	75

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Myanmar, the largest country in mainland South-East Asia, has a population of approximately 50 million, 36 per cent of whom are children. It is a land of great diversity, comprising 135 different ethnic groups and a rich natural resource base set in a variety of landscapes. Myanmar became a State Party to the Convention on the Rights of the Child in 1991 and to the Convention on the Elimination of All Forms of Discrimination against Women in 1997 and has a body of national laws committing the State to the realization of children's and women's rights.

2. While tangible progress has been made to improve the situation of children and women, disparities across numerous social indicators remain pronounced. Although access to many locations has improved since the mid-1990s, border states continue to be characterized by isolation, a long history of civil and political instability and low socio-economic development.

3. According to government figures, nearly 23 per cent of the population lives below minimum subsistence level (Household Income and Expenditure Survey, 1997), and the annual rate of inflation may be as high as 54 per cent (Central Statistics Office, May-June 2002), with price increases of basic commodities being most pronounced. It is estimated that the average household spends about 70 per cent of its income on food (Household Income Expenditure Survey, 1997), and therefore many households are particularly vulnerable to price increases.

4. According to official statistics, the under-five and infant mortality rates remain high, estimated at 107 and 76 deaths per 1,000 live births, respectively. The main causes of child deaths are diarrhoea, acute respiratory infections and malaria, with malnutrition contributing to 60 per cent of these deaths. Although Myanmar is self-sufficient in food at the national level, child malnutrition is widespread, with almost one fourth of babies born with low birthweight, largely as a result of maternal anaemia, and over one third of children under five stunted. The maternal mortality ratio is high, estimated at 255 per 100,000 live births, largely due to unsafe delivery practices.

5. There has been notable progress in vitamin A supplementation and the consumption of iodized salt, with coverage of vitamin A supplementation at 96 per cent for children under five. Iodized-salt consumption, covering 83 per cent of households, has also rapidly increased, moving Myanmar closer to the goal of Iodine Deficiency Disorder Elimination (IDDE).

6. Child immunization rates have maintained relatively satisfactory national levels, with 77 per cent of children receiving three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine. However, there are still significant geographical disparities in immunization coverage. Myanmar achieved polio-free status in 2003.

7. Since a quarter of Myanmar's population relies on unsafe drinking water sources, high mortality and morbidity of children are closely related to water-borne diseases and insufficient sanitation and hygiene practices. Arsenic and fluoride contamination of ground water cause particular concern in some parts of the country. Sanitation coverage increased significantly, from 21 to 73 per cent over the past decade, largely as a result of strong government commitment and various social mobilization efforts.

8. HIV/AIDS is a rapidly increasing risk, which has now exceeded the benchmark of a generalized epidemic. With the number of HIV/AIDS-infected people having doubled over the past two years, the impact on children will be increasingly visible, and more focus will be needed on care and support in addition to prevention interventions.

9. Enrolment rates are high, yet less than 55 per cent of the children who enrol actually complete the primary cycle, mainly because of the cost of schooling, poor conditions in many schools, language barriers and a shortage of qualified teachers and learning materials. Despite public investment in school construction in recent years, parents and communities often bear a significant proportion of the recurrent costs for school operations and maintenance because of the low public budgetary allocations to the sector. Among the challenges in the education sector are (a) equitable access to quality education, especially for children in hard-to-reach areas; (b) alternative learning opportunities for out-of-school young people; and (c) increased understanding of the value of early childhood education for a child's future development. There have been encouraging efforts to provide life-skills and HIV/AIDS prevention education to children both in and out of school to help protect them from high-risk behaviours.

10. In recent years, awareness has increased about child protection issues of particular concern, including child trafficking, the commercial sexual exploitation of children (CSEC), juvenile justice, under-age recruitment, and the situation of children deprived of parental care. However, data on the existing situation remain mostly episodic and anecdotal, and further investigation of the scope of the issues is needed.

Key results and lessons learned from previous cooperation

Key results achieved

11. **Positive trends related to health, nutrition and sanitation**. National campaigns proved particularly successful in the maintaining of relatively high

immunization coverage rates, the distribution of vitamin A supplements and the promotion of iodized salt. Similarly, the annual National Sanitation Week has helped to increase nationwide coverage of household sanitation and to further hygiene promotion.

12. **Increased focus on HIV/AIDS prevention and care**. Government recognition of the severity and nature of the HIV/AIDS epidemic, combined with a dramatic rise in the availability in funding to combat the disease, resulted in a significant increase in interventions to address the impact of HIV/AIDS, including community- and hospital-based prevention of mother-to-child transmission (PMTCT) of HIV, prevention for young people at risk, and the expansion of the School-Based Healthy Living and HIV/AIDS Prevention Education (SHAPE) programme to 105 townships. The inclusion of SHAPE in the national school curriculum paved the way for nationwide expansion, while adaptation of the programme for out-of-school children and young people intensified the focus on high-risk groups.

13. **Increased attention to the education sector**. The expansion of the child-friendly schools (CFS) project into 61 townships improved access to quality basic education, especially for children living in remote areas. It also increased the emphasis given to access and quality of learning for all children as well as to the particular education challenges for children speaking minority languages. Training of Parent-Teacher Associations (PTAs) at the community level increased parents' awareness of CFS and involvement in the project.

14. The development of an Education for All (EFA) National Action Plan (2002) strengthened the enabling policy environment for increased education support. A multiphased Education Dialogue process, involving government, civil society, United Nations agencies, and the donor community in 2005, aims to establish the basis for stronger support given to the sector and for a more effective education coordination mechanism.

15. **Greater focus on and recognition of child protection issues**. Official recognition of child protection concerns has helped to accelerate action on child trafficking and on new initiatives on CSEC, juvenile justice, working children and children who live or work on the street, and under-age recruitment. New partnerships to address the protection of children were reinforced through (a) the development of a plan of action and the establishment of an Inter-Agency Working Group on Juvenile Justice; (b) dialogue with the Government on under-age recruitment, leading to the development of a Government Plan of Action to Prevent Under-Age Recruitment and the establishment of a corresponding implementation committee; and (c) regional and national coordination and exchanges on trafficking and CSEC.

16. **Stronger partnerships established with community-based organizations**. Support to community-based organizations (CBOs), non-governmental organizations (NGOs) and international NGOs led to new partnerships and alliances for children. UNICEF facilitated the entry into Myanmar of several international NGOs to strengthen programme capacity on HIV/AIDS. Partnerships with several faith-based organizations increased the dissemination of *Facts for Life* messages to families living in remote areas. Involving PTAs through the CFS programme encouraged broader community support to education. A UNICEF-supported civil society study undertaken by Save the Children Fund-United Kingdom and a CBO workshop provided a new forum for local NGO networking.

Lessons learned

17. **While nationwide interventions have improved access to basic social services, more strategic approaches will be required to reach vulnerable children and families**. The challenge for the next country programme will be to sustain existing achievements, while simultaneously placing greater emphasis on "reaching the unreached" by adapting national strategies to the specific needs of vulnerable children and families. Lessons from special focus interventions show that a supportive policy framework is essential to ensuring results. The midterm review (MTR) stressed the importance of expanding partnerships with CBOs that already have comparative advantage in reaching the unreached.

18. **Inclusive coordination and information-exchange mechanisms are an effective means of encouraging collaborative action and resource mobilization**. The Expanded Theme Group on HIV/AIDS has proved to be an effective forum for HIV/AIDS advocacy, programme harmonization and resource mobilization and coordination among United Nations agencies, donors, and other partners. Coordination and information-sharing in a regional context facilitated awareness-raising and experience-exchange, leading to new programme and funding opportunities on trafficking, CSEC and juvenile justice.

19. **Convergence of different sectoral interventions requires sound planning, sustained facilitation and service-delivery support at the community level**. The previous country programme emphasized the convergence of programme interventions in health, education and water and sanitation at the township level, and sought to expand the convergent approach by 20 townships per year over five years. This approach proved challenging because of the lack of representation at the township level of essential partners, the inability to maintain such a rapid pace of expansion due to insufficient human and financial resources, the frequent rotation of township counterparts, and the lack of a coordination link with community-level programme implementation.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	9 770	38 636	48 406
Water and environmental sanitation and hygiene	6 710	6 490	13 200
Comprehensive quality education	9 000	11 000	20 000
Child protection	4 500	7 500	12 000
Social sector analysis, planning and monitoring	2 500	1 000	3 500
Cross-sectoral support (includes operations, field operations, communications)	8 650	374	9 024
Total	**41 130**	**65 000**	**106 130**

Preparation process

20. As mandate restrictions on some United Nations agencies by their Executive Boards did not allow for regular United Nations harmonization processes, normal Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes were not appropriate in the Myanmar context. Instead, the United Nations country team prepared a Strategic Framework for the United Nations Agencies in Myanmar to ensure a coordinated United Nations response in this unique situation. The country programme was developed within this framework, taking into account the findings of the 2003 MTR, project evaluations, the concluding observations of the Committee on the Rights of the Child, the Situation Analysis of Women and Children (2005), and sectoral strategy meetings held in 2004-2005. The proposed country programme of cooperation was endorsed at a joint UNICEF/Government strategy meeting, co-chaired with the Ministry of National Planning and Economic Development and attended by United Nations agencies, NGO partners and sectoral counterpart departments.

Goals, key results and strategies

21. The goal of the country programme is to contribute to the fulfilment of the rights of children, young people and women to survival, growth, development, protection and participation, with a special focus on the poor, the family and the hard-to-reach. By the end of 2010, the programme expects to achieve the following results: (a) more children under five will live in a safe and caring environment and be reached with critical interventions that support their survival, growth and development; (b) there will be increased equitable access to, and completion of, quality basic education, with extended learning opportunities for all children, especially the most vulnerable and those out of school; (c) more vulnerable children and young people will be benefiting from and contributing to a strengthened protective environment, and duty bearers will have increased capacity to prevent and respond to violence, abuse, exploitation and neglect of children; (d) the transmission of HIV/AIDS among children, youth and women will be reduced, and the impact of the epidemic lessened; and (e) there will be increased availability and reliability of essential disaggregated data on children and women for assessment, planning, advocacy, programming and monitoring, with special attention paid to hard-to-reach areas.

22. To achieve these key results, interventions for children throughout Myanmar will increase, focusing especially on meeting the specific needs of poor and particularly vulnerable families and children through the following main strategies: (a) increased emphasis on nationwide delivery of child-friendly basic social services for children and families; (b) the continuation of capacity-development of basic social service providers, especially in hard-to-reach areas; (c) technical assistance for the development of policies and systems that support the implementation of the Convention on the Rights of the Child; (d) the broadening of partnerships for children among key stakeholders, especially at the family and community levels; (e) the strengthening of behaviour-change communications to improve child-friendly practices among families and communities; (f) advocacy for child rights with key stakeholders; (g) greater focus on local data collection for improved situation analysis, planning and monitoring; and (h) support to United Nations-coordinated efforts to monitor and assess progress towards the achievement of the Millennium Development Goals. Cross-sectoral priorities, to be addressed through a

range of interventions integrated into sectoral programmes, are HIV/AIDS, early childhood care and development (ECCD), children and families affected by mobility and conflict, and disaster response.

Relationship to national priorities and the UNDAF

23. The programme was developed within the context of the United Nations Strategic Framework and is consistent with the National Development Plan. The programme supports sectoral country-level strategic plans jointly developed with counterparts and partners, including the Joint Programme on HIV/AIDS, national Five-Year Strategic Plans on Reproductive Health and on Malaria, and the National EFA Plan of Action.

Relationship to international priorities

24. The new country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and humanitarian principles, and follows a human rights-based approach to programming, focusing on children and their families. Priority interventions will contribute to achieving the Millennium Development Goals and related Declaration and *A World Fit for Children*. The country programme responds to the medium-term strategic plan, regional strategies, and the recommendations of the Committee on the Rights of the Child.

Programme components

25. **Health and nutrition**. The programme will strengthen the coverage and capacity of basic health services to address the main causes of high mortality and morbidity in children and women. It expects to achieve by 2010 the following key results: (a) protein-energy malnutrition (stunting/low birthweight) is reduced from the 2003 (multiple indicator cluster survey) level and iodine-deficiency disorders and vitamin A deficiency are eliminated in a sustainable way throughout the country; (b) maternal, peri-natal and neonatal mortality is reduced by one fourth from the 2005 levels in selected townships; (c) infant and under-five mortality due to diarrhoeal diseases, acute respiratory infections and malaria are reduced by 50 per cent of the 1999/2003 estimate in selected townships; (d) 50 per cent of new HIV/AIDS infections in infants are prevented; and (e) care and support interventions are expanded to reach more people living with HIV/AIDS.

26. The *expanded programme on immunization*, in cooperation with the World Health Organization (WHO), will continue to support routine immunization services for infants and women countrywide, aiming for sustainable polio-free status, immunization against hepatitis B, the sustainable elimination of maternal and neonatal tetanus by 2006, and measles control, including outbreak response. Special attention will be given to strengthening the cold chain, injection safety and proper waste disposal. Outreach and "crash" programmes will target children in hard-to-reach areas.

27. Through the *woman and child health* component, child, maternal, newborn and adolescent health interventions will be expanded, focusing especially on diarrhoeal diseases, acute respiratory infections, and malaria. Support to maternal health and newborn care will include birth preparedness and quality antenatal care; adolescent, pre-pregnancy and maternal nutrition; the promotion of delivery by skilled birth

attendants; improved referral to health facilities equipped with essential obstetric care; and training for health personnel on safer delivery practices, obstetrical emergencies and newborn care. Institutional deliveries will be promoted through the provision of basic equipment to selected rural health centres. Special emphasis will be placed on improving family preparedness through the promotion of "key family care practices". Under the Five-Year Strategic Plan for Reproductive Health, interventions will be closely coordinated with the United Nations Population Fund (UNFPA) and WHO regarding geographic coverage and complementary service provision. UNICEF will continue to supply essential drugs countrywide.

28. The *malaria* component will target under-fives and pregnant women and expand to additional high- and medium-risk townships (beyond the 80 currently covered) within the framework of the Five-Year Strategic Plan for the National Malaria Control Programme 2006-2010, in coordination with the National Malaria Control Programme and other partners, particularly WHO, in relation to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The focus will be on prevention through the promotion, procurement and distribution of insecticide-treated mosquito nets, with a coverage target of 60 per cent. Curative interventions will include the provision of diagnostic devices and anti-malaria drugs, and staff training.

29. The *nutrition* component will address the inter-generational cycle of malnutrition. Interventions supporting the infant and young-child feeding policy, particularly the promotion of exclusive breastfeeding, will be enhanced through increased attention paid to the nutritional status of adolescent girls, pre-pregnant and pregnant women; nutrition education and the promotion of better feeding and care practices; and micronutrient supplementation. Building on progress made towards universal salt iodization, the emphasis will be on sustainability to reach the IDDE goal. Virtual elimination of vitamin A deficiency will continue to be pursued through biannual campaigns. Anaemia prevention interventions will prioritize pregnant women, children under five, and adolescent girls, using peer-to-peer approaches for adolescent girls and a "Healthy Family Package" for newlyweds and pregnant women. De-worming of children age one to five years will complement these efforts.

30. The *HIV/AIDS prevention and care* component will focus on PMTCT through the provision of community- and hospital-based PMTCT services in selected high-prevalence and high-vulnerability townships. Services will include primary prevention for women who are pregnant or of reproductive age; voluntary and confidential counselling and prophylactic treatment; counselling on infant feeding; and support to women who are HIV/AIDS positive, and their infants. Care of children with HIV infection will be reinforced through support to HIV/AIDS health procurement and supply management, including antiretroviral drugs. Advocacy and technical assistance within the framework of the United Nations Expanded Theme Group on HIV/AIDS will be the key strategies to ensure the prioritization of children and young people in the Joint Programme on HIV/AIDS.

31. Programme partners will include the Ministry of Health, WHO, UNFPA, the Joint United Nations Programme on HIV/AIDS, international and national NGO partners, and professional associations.

32. **Water, environmental sanitation and hygiene**. The programme will focus on improved household water security and sustainable family hygiene behaviour patterns to contribute to a reduction in high mortality and morbidity rates among

children and women that are due to diarrhoeal diseases, parasitic infections and malaria. The following are the expected key results: (a) reduced disparities in access to safe water and sanitation facilities; (b) health-promoting and child-friendly environments established in schools and health centres; and (c) improved hygiene practices and significant risk-reduction of people drinking water contaminated by pathogenic micro-organisms and other harmful substances such as arsenic.

33. The programme will increasingly play a catalytic role in the extension of water and sanitation coverage by supporting the development of sector policies and guidelines, and by strengthening technical and institutional capacities at township and community levels to build an enabling environment for sustainable sector development.

34. The *safe water supply* component will focus on improving access to, and quality and utilization of, water supply services to schools, rural health centres and families in hard-to-reach communities, including through advocacy for building an enabling environment for private-sector involvement and self-help. Increased attention will be given to water-quality issues, particularly arsenic mitigation.

35. The *environmental sanitation and hygiene promotion* component will focus on improved household sanitation, the changing of hygiene-behaviour practices, the establishment of health-promoting schools, and the safe disposal of health care waste. Key strategies are the development of participatory teaching and learning tools and skills-based education for the promotion of school health and hygiene, de-worming of primary school children, and support for latrine construction and maintenance.

36. UNICEF will continue its partnerships with the Department of Development Affairs, the Ministry of Health and the Ministry of Education, and increase its cooperation with international NGOs, CBOs and the private sector.

37. **Comprehensive quality education**. In support of the Millennium Development Goals and the EFA goals, the programme aims to increase equitable access to and completion of quality basic education through extended learning opportunities for all children, focusing especially on the most vulnerable, including poor, minority and out-of-school children, children living in remote areas, and children from migrant and mobile populations. Key expected results include (a) a reduction of education disparities, especially in access to quality education in hard-to-reach communities; (b) increased quality and coverage of ECCD programmes and primary education; (c) increased access to formal and non-formal education; (d) improvement of education monitoring tools; (e) increased HIV/AIDS knowledge and prevention skills among children and young people; and (f) the operationalization of the Education for All National Action Plan.

38. Interventions will aim to promote gender equity, inclusion, and sensitivity to the varying needs of children from different backgrounds. Key cross-cutting strategies include strengthening coordination between government and non-governmental stakeholders, broadening partnerships, especially at family and community levels, improving service-delivery, and expanding teaching/learning supply distribution aimed at reducing costs for families. Special emphasis will be placed on strengthening the capacities of national and township education personnel to adopt an integrated life-cycle approach, and on building the programmatic and organizational capacity of community-based NGOs to work on ECCD and life-skills

programmes. Key priorities will be improving communication and social mobilization for the implementation of quality ECCD programmes, primary education, and extended learning opportunities, especially for out-of-school children and young people.

39. The *early childhood care and development* component will improve the coverage and quality of existing child care and education services, and will support and strengthen capacities of families in holistic child care. In-service training and supplies for pre-school and child-care centres will be provided in addition to key information materials for families.

40. The *basic education* component will aim to reduce education disparities that hinder children's success in school, and to facilitate children's access to post-primary education. The focus will be on improving the quality of CFS through the provision of teacher and PTA training on child-centred teaching and learning methodologies, school supplies, water and sanitation facilities, and self-assessment and monitoring tools.

41. The *life skills and HIV/AIDS-prevention education* component will support the countrywide scaling-up of school-based HIV/AIDS-prevention and life-skills education and the expansion of life-skills education for out-of-school children and young people, including the progressive adaptation of training materials to best meet the needs of the out-of-school target group. Training modules on young people's behaviour-change using the life-skills approach will be integrated in pre-service primary and secondary teacher training.

42. Programme partners include the Ministry of Education and national and international NGOs. Partnerships will be explored with the United Nations Educational, Scientific and Cultural Organization to strengthen the Education Monitoring and Information System and with the World Food Programme for school feeding.

43. **Child protection**. The programme will strengthen the protective environment for vulnerable children through advocacy, improved policies and legislation, capacity-building, and care and support, focusing especially on children who are exploited, deprived of family care, and in conflict with the law. Expected key results are the following: (a) operational data on orphans and vulnerable children will be available to strengthen social-welfare sector planning and programmes; (b) a national strategy on the protection and care of orphans and vulnerable children will be developed and implemented; (c) the care and psychosocial support skills of caregivers will be strengthened; (d) national standards and a training programme on juvenile justice, child protection and social work will have been developed; (e) policies and alternative measures will be in place to protect children in conflict with the law; (f) community-based child protection follow-up mechanisms will be established; (g) law enforcement and reintegration measures for exploited and trafficked children will be improved; (h) a plan of action to prevent under-age recruitment of children will be operationalized; and (i) awareness on child protection and child rights will have increased.

44. The *capacity-building* component will support broad-based child protection, social work and psychosocial training activities, including a training curriculum and materials development, for a range of professionals and will facilitate community-based child protection reporting mechanisms. Interventions for child protection

awareness-raising and behaviour-change communication will involve local officials at central, state/division, district and township levels as well as communities, families, and young people themselves.

45. The *children deprived of family care* component will support data collection and analysis on the situation of orphans and vulnerable children, with special consideration given to children affected by HIV/AIDS. Technical assistance will focus on the formulation of a national strategy and minimum-care standards, and on the development of community-based and other alternative care and support models.

46. The *juvenile justice and legal protection* component will promote alternative measures to deprivation of liberty, diversion and restorative justice for children in conflict with the law through the development of national juvenile justice standards and training programmes for the judiciary, law enforcement officials and social welfare professionals. To strengthen the legal framework for child protection, existing laws will be reviewed, and where necessary revised, in line with the Convention on the Rights of the Child and other international child protection standards.

47. The *child exploitation* component will support interventions to prevent, protect and reintegrate children who are trafficked or who live or work on the street, working children, victims of sexual exploitation, minors associated with armed forces and groups, and other exploited children. Interventions to assist with the operationalization of the Plan of Action to prevent under-age recruitment will include training, awareness-raising and reintegration assistance.

48. Partnerships will include the Department of Social Welfare, the Ministry of Home Affairs (Police, Prison Department and Anti-Trafficking Unit), the Supreme Court, the Office of the Attorney General, the National Committee on the Rights of the Child, the National Committee for Human Rights, the Ministry of Foreign Affairs, the Ministry of Defense and other counterparts through the Juvenile Justice Inter-Agency Working Group and the Committee to Prevent the Recruitment of Children. Cooperation with local and international NGOs and United Nations agencies will be further expanded, including through the Working Groups on Child Rights and on Trafficking.

49. **Social sector analysis, planning and monitoring**. The programme will address the lack of reliable essential data on children and women and child-friendly local planning capacity. The expected key results are the following: (a) the increased availability of disaggregated data on child survival, growth, development and protection to highlight disparities and to facilitate identification of vulnerable groups; (b) the strengthened capacity among partners to establish, manage and maintain user-friendly data systems; (c) a strengthening of the existing management information systems for birth registration and the Health Management Information System (HMIS); (d) strengthened capacity among local officials to monitor and report on the situation of children and women; (e) the development of a National Plan of Action for Children.

50. The *social data collection and analysis* component will support a United Nations-coordinated effort to monitor and assess the progress towards the achievement of the Millennium Development Goals, *A World Fit for Children* targets, and of the social sector overall, through the following means: capacity-building of social-sector staff in data collection, processing, analysis, monitoring

and information management; enhanced expertise-exchange partnerships, expanded use of *DevInfo*; and the strengthening of existing management-information systems, including a refocusing on birth and child registration.

51. The *local planning capacity-building* component will strengthen local officials' ability to incorporate children's rights in the planning process and to monitor the situation of children at the subnational and community levels through the establishment of participatory local information systems.

52. The *child rights planning and reporting* component will support national-level child rights planning and reporting processes, including through the development and monitoring of a National Plan of Action for Children, follow-up to the *World Fit for Children* goals and the reporting process for the Committee on the Rights of the Child.

53. The main partners will be the General Administration Department, the Central Statistical Organization and the Department of Social Welfare, the Department of Planning, international NGOs and private-sector research institutions.

54. **Cross-sectoral costs**. This component will cover salary, travel and training costs of staff in the supply, budget management, information technology, communication and field operations that are providing cross-sectoral support across all programmes. Costs will also include operational support to country office administration and the provision of essential telecommunication and security-related equipment.

Major partnerships

55. The country programme will be implemented in cooperation with technical counterparts, other United Nations agencies within the joint United Nations Strategic Framework, and NGOs, with special attention paid to strategic partnerships for children, families, the poor and hard-to-reach communities. Building on existing cooperation with community-based organizations, faith-based partners and civil society networks, the country programme will emphasize expanding community-based partnerships for children.

Monitoring, evaluation and programme management

56. The Ministry of National Planning and Economic Development is the focal point for the coordination of the programme. The country programme results framework will form the basis for continued monitoring of development outcomes at the national level, in line with the Results Matrix and the five-year Integrated Monitoring and Evaluation Plan (IMEP). UNICEF will coordinate with other United Nations agencies and technical counterparts in the development and application of *DevInfo* as the main tool for reporting progress towards the Millennium Development Goals.

57. Programme monitoring will be conducted through regular field monitoring, annual reviews of programme progress against an annual plan, as well as an MTR of programme results, using results-based methodologies. Regular programme-monitoring activities will be reinforced through additional monitoring systems, research, evaluations and surveys outlined in the IMEP.

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Draft country programme document**

Timor-Leste

Summary

The Executive Director presents the draft country programme document for the Democratic Republic of Timor-Leste for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $2.04 million from regular resources, subject to the availability of funds, and $13 million in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2007.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[1] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	0.4
U5MR (per 1,000 live births)	86
Underweight (%, moderate and severe)	46
Maternal mortality ratio (per 100,000 live births, 2000 adjusted)	660
Primary school attendance (% net, male/female)	65/63
Primary schoolchildren reaching grade 5 (%, 2002)	97
Use of improved drinking water sources (%, 2002)	52
Adult HIV prevalence rate (%)	..
Child work (%, children 5-14 years old)	4[a]
GNI per capita (US$)	430
One-year-olds immunized against DPT3 (%)	70
One-year-olds immunized against measles (%)	60

[1] More comprehensive country data on children and women are available at www.unicef.org.
[a] The definition includes children 5-11 years of age who, during the week preceding the survey taken, engaged in at least 1 hour of economic activity or at least 28 hours of domestic work. Excluded are children 12-14 years of age who, during the week preceding the survey taken, engaged in at least 14 hours of economic activity or at least 42 hours of economic activity and domestic work combined.

The situation of children and women

1. Timor-Leste has had a turbulent recent history, characterized by intense conflict and population displacement, which has resulted in widespread poverty and deprivation combined with major shortfalls in the institutional capacity to address these issues. The United Nations has played a key role in assisting the transition to independence and in supporting nation-building in partnership with other development partners.

2. Since independence in May 2002, Timor-Leste has made progress in the areas of democratic governance, the enactment of legislation to ensure human rights, the rehabilitation of infrastructure, and development planning. The United Nations Mission of Support to Timor-Leste was extended to May 2005 by the Security Council to continue its assistance for stabilizing the situation, but with a reduced size and amended mandate.

3. Forty per cent of the population lives under the national poverty line of $0.55 a day, making Timor-Leste one of the poorest nations in the region. Economic growth is insufficient to address the current high levels of poverty and unemployment, which is 20 per cent among urban males and as high as 43 per cent among young urban males. Negotiations over the final demarcation of maritime boundaries with Australia are progressing slowly. The development of the Bayu-Undan petroleum field is expected to significantly increase Government revenues through increased petroleum and natural gas production, which in turn is crucial to ensuring support for basic social services, infrastructure and creation of employment opportunities.

4. The 2004 census confirmed that 60 per cent of the population is below 18 years of age. Children and women continue to bear the costs of conflict and poverty. Health services are being restored but are inadequate to address serious health issues. Timor-Leste has the highest fertility rate in the world, at 7.8 children per woman. This rate has a major effect on women's health, on children's health and nutrition and on opportunities for accessing education. The high population growth rate affects all areas of national development. Under-five and maternal mortality rank among the highest in the region. Child morbidity is high due to the combined effects of infectious diseases, mainly acute respiratory infections, diarrhoea, dengue, and malaria. It is estimated that 44 per cent of children under five suffer from moderate or severe malnutrition, and nearly one in two children suffers moderate or severe stunting. Approximately 32 per cent of non-pregnant women are anaemic. The limited number of trained birth attendants and poor access to emergency obstetric care aggravate childbirth-related problems. Slightly more than 90 per cent of births take place at home, 87 per cent of newborns are not weighed at birth, and less than 10 per cent of births are officially registered.

5. The basic infrastructure for immunization has been restored, and immunization rates for diphtheria, pertussis and tetanus (DPT3) and measles are approaching 60 per cent. The immunization rate for tuberculosis is 72 per cent, but the dropout rate is high, as it is for measles vaccination. Much dropout is attributed to poor knowledge about the benefits of immunization and the long distances from communities to vaccination points. Outreach activities are badly needed in underserved areas.

6. The situation of safe water and sanitation is appalling, as are rural-urban disparities. In urban areas, access to safe drinking water and sanitary disposal is 75 per cent and 51 per cent, respectively; in rural areas, these figures plummet to 55 percent and 13 percent. School latrines are being repaired, and hygiene promotion activities are ongoing, but need acceleration.

7. While primary school enrolment is rising steadily, it is still lower than the regional average. The net primary school enrolment rate is 76 per cent for boys and 74 per cent for girls. Repetition and dropout rates are high, at 20-30 per cent and 10 per cent, respectively. Literacy is low, at 55 per cent for men and 45 per cent for women.

8. While HIV/AIDS prevalence is believed to be low, conditions exist for a rapidly worsening situation. Of particular concern is the fact that nearly three out of four people do not know how to prevent infection. Also worrisome is the widespread belief that HIV/AIDS is a disease spread by foreigners, commercial sex workers and young people with liberal attitudes towards sex. The high rates of fertility, premarital unprotected sex, tuberculosis and sexually transmitted infections are issues for serious attention.

9. A culture of violence has increased the vulnerability of children and women. A recently conducted survey indicated that 44 per cent of children 9-17 years old reported violence in their homes. Another survey identified 138 child abuse cases, a third of which involved sexual abuse. The majority of the victims were girls, who in most cases had a close relationship with the abuser. Systems are still weak for organizing the information on abuse that is reported to social workers, police and health professionals.

10. The Governments of Timor-Leste and Indonesia have agreed to the resettlement and return plan proposed by the Office of the United Nations High Commissioner for Refugees for persons displaced after the 1999 crisis. Permanent solutions are needed for several hundred cases of separated children.

11. A National Commission for Children will be established to coordinate policies and programmes and to monitor child rights. In September 2004, the Government launched the process for its initial State Party report on the implementation of seven human rights treaties, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Timor-Leste is one of the pilot countries using an integrated reporting process for these reports: congruent issues in all human rights treaties will be reported in a single document, while reports on specific issues will be prepared for the Committees on the Conventions mentioned above and for other treaties.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

12. The previous short-duration country programme assisted Timor-Leste's transition from emergency assistance to development cooperation. A two-track implementation strategy was used to support the recovery of the service-delivery infrastructure at the same time as community-based approaches were designed to increase the demand for basic services. The country programme made a strong contribution to the generation of national baseline data for issues affecting women and children, as a step towards the achievement of the National Development Plan, particularly in the areas of education, health and child protection, and for the development of laws and policies for children. Data collection included a multiple indicator cluster survey in 2002, a Demographic and Health Survey in 2003 and a census in 2004.

13. All 67 sub-district health centres were equipped with essential drugs and basic medical equipment. Staff in all centres have had their capacity developed to assist safe deliveries and practice the Integrated Management of Childhood Illness (IMCI), including growth-monitoring and micronutrient supplementation. The efforts of UNICEF to improve planning for the expanded programme on immunization, vaccine supply and cold-chain operation contributed to the increase of 10 to 20 per cent reported in vaccination rates. Mobile birth-registration campaigns with UNICEF support were conducted in eight districts, registering 40,000 children.

14. The "100 Friendly Schools" concept is the core vehicle for achieving results in primary education. The initiative has expanded to 32 school clusters across 13 districts, involving 400 schools and more than 1,000 teachers. Achievements included teacher training, improved school management and the establishment of new Parent-Teacher Associations (PTAs). PTAs are used as a channel by the World Bank for a school-maintenance programme, and by the World Food Programme to implement a school-feeding programme. UNICEF has supported the Government in spearheading a curriculum reform process for primary education. The Curriculum Reform Plan has been endorsed by the Council of Ministers, and five syllabi have

been developed. UNICEF also supported the development of a life-skills education strategy and training modules in support of the National HIV/AIDS Strategic Plan.

15. An inter-ministerial committee is drafting a comprehensive Children's Code that clarifies the obligations of the Government, service providers, communities and families to fulfil the rights of children. Other policy achievements include the development of standards for residential care institutions; draft regulations for adoption; and operational procedures for the police and social workers.

16. In communication, UNICEF worked with the national broadcaster Radio and Television Timor-Leste and community radio to strengthen audience research. Pilot initiatives with three community radio stations enabled children to participate in the preparation of programme formats and messages targeted to young people.

Lessons learned

17. Efforts to resuscitate the service-delivery infrastructure took the lion's share of country programme energies, and as a result, community mobilization efforts suffered. More attention is needed for community-based health promotion and referral activities and for linking communities to community health centres and district health authorities.

18. In basic education, a UNICEF-supported evaluation highlighted the need to improve the quality of teaching and learning. Programme efforts will shift from service-recovery to quality concerns, with a major emphasis given to promoting instructional leadership at the school level. School-based management and PTA initiatives are overlapping and will be merged for increased effectiveness, and teacher-training efforts will be coordinated with curriculum development.

19. Building a protective environment for children requires practical mechanisms for increasing collaboration between the police, justice officials, social workers, and family and community members. For example, reporting and registration of child abuse cases by these actors need to be integrated into a simpler system. For birth registration, the use of mobile teams will be coupled with efforts to establish a sustainable and decentralized registration system. For this purpose, UNICEF will help to convene authorities in the civil registry office, the sub-district level, and the Catholic Church. UNICEF will expand its cooperation with the Catholic Church, given its reach and resources, in community mobilization and life-skills education for young people.

The country programme, 2006-2007

Summary budget table

Programme	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and sanitation	450	4 100	4 550
Basic education	20	5 000	5 020
Child protection	400	1 600	2 000
Advocacy and communication	180	500	680
Adolescents and HIV/AIDS prevention	80	1 200	1 280
Planning, monitoring and evaluation	483	500	983
Cross-sectoral costs	431	100	531
Total	**2 044**	**13 000**	**15 044**

Preparation process

20. There was no formal mid-term review for the previous short-duration country programme. However, comprehensive annual reviews took place with government, donor and non-governmental organization (NGO) partners. The Situation Analysis was updated, with government involvement, in late 2004.

21. A team of UNICEF regional advisers in February 2005 helped to substantially revise the programme strategy and expected results for the new programme. At a workshop conducted with more than 30 staff of key Ministries and Agencies of the Government, consensus was reached on the expected outputs and outcomes of UNICEF cooperation and their contribution to the United Nations Development Assistance Framework (UNDAF) and the National Development Plan. Consultations were also held with the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and the World Bank. The new country programme was endorsed at a March 2005 meeting with the Government and donors.

Goals, key results and strategies

22. The overall goal of the country programme is the progressive realization of the rights of every child and the achievement of the Millennium Development Goals. UNICEF cooperation aims to ensure that all children are able to grow up healthy and well nourished in loving homes, enjoy at least six years of quality education, and live in communities that protect them from all forms of violence, abuse, neglect and exploitation.

23. Together with government, civil society partners, United Nations agencies and donors, the programme will aim to (a) increase immunization coverage; (b) ensure that women and children benefit from quality health, nutrition and water and sanitation services; (c) implement the National primary school curriculum and enable 400 primary schools to deliver a high-quality education; (d) institutionalize

effective prevention and child-protection systems; and (e) help young people to develop life skills, have opportunities to participate in the life of their societies, and avoid HIV/AIDS.

24. Consistently with the previous programme, the new programme will adopt the following strategies: advocacy to develop policies and laws that recognize children's rights and address disparities; improved delivery of basic services; capacity-building through training and system development; monitoring and evaluation to promote accountability; partnerships with and for children; and enhanced communication at all levels.

25. Some specific shifts are necessary. The country programme will focus on community demand-creation for basic services. This will involve the development of community-based health promotion and referral systems as well as more effective outreach activities planned jointly by communities and their service providers. In basic education, efforts will shift to address concerns about quality and emphasize instructional leadership at the school level. These efforts are expected to contribute to increased enrolment and reduced dropout, particularly for girls. And to address the rights of children, UNICEF will combine efforts to increase young people's participation with life- skills education and HIV/AIDS prevention.

26. The Constitution and the adherence of the Government to human rights principles provide opportunities to deepen the human rights approach in Timor-Leste. The proposed programme advances a **human rights-based approach to programming**, particularly through standards-setting and capacity-building for duty bearers. There is consistent support for processes involving government and non-government actors, including children, such as in the development of A National Youth Policy.

Relationship to national priorities and the UNDAF

27. The programme was designed to address the priority problems of children and women and the aspirations of the people of Timor-Leste. In support of the goals of the National Development Plan, it will make a number of strategic contributions: to improve the health and education status of the population; to strengthen civil society and create wider opportunities for women; to help children and young people participate in national life; and to support the development of an impartial justice system.

28. The programme will also contribute to the collective aims of the United Nations system, reflected in the UNDAF: to reduce child and maternal mortality; to ensure that all children complete six years of quality, primary education; and to ensure respect for the human rights of children and women and their protection from abuse, exploitation and other dangers such as HIV/AIDS.

Relationship to international priorities

29. In support of the Millennium Declaration and Millennium Development Goals, the country programme will contribute to the eradication of extreme poverty and hunger; universal primary education; reduced child mortality; improved maternal health; combating HIV/AIDS, malaria and other diseases; and gender equality and

the empowerment of women. UNICEF will also contribute to the increased protection of children from violence, abuse, neglect and exploitation.

30. The goals of *A World Fit for Children* and the priorities of the UNICEF medium-term strategic plan are reflected fully in the programme's strategic design and expected results. With the new programme for adolescent development and HIV/AIDS prevention, the country programme brings greater weight to efforts to engage young people, help them to develop life skills and to avoid behaviours that might expose them to HIV infection.

Programme components

31. **Health and sanitation**. This programme will focus on expanding immunization coverage, the skilled management of childhood illness, improved care for women before, during and after pregnancy, and community water and sanitation. It will continue the strategy of strengthening health services nationally while converging health, nutrition, immunization and water and sanitation initiatives in the four districts of Dili, Ermera, Liquica and Manatuto. There will be a greater focus on increasing the demand for quality services at community level, and on demonstrating new approaches to link communities with their health providers. This will involve community-based referral systems, effective outreach activities and new communication tools and methods.

32. The *immunization "plus"* project will ensure that all immunization centres have a functioning cold chain and adequate supplies of vaccines and vitamin A. The aim is that staff in all health centres and posts will be able to immunize children and women according to global health standards and to distribute micronutrient supplements. UNICEF will advocate that the Government assume responsibility for purchasing vaccines and syringes for routine immunization. New policies for the regulation and marketing of iodized salt will be spearheaded.

33. The *child survival and maternal health care* project will focus on quality issues in health service delivery. Nationally, UNICEF will continue to ensure that all midwives and nurses in community health centres are able to assist safe deliveries and practice IMCI. Various communication activities will be used to promote improved family-caring practices based on *Facts for Life*. In the four targeted districts, UNICEF will support the delivery of a full package of preventive health and nutrition services. Interventions will focus on the prevention of malaria and anaemia in women, as well as on increasing women's knowledge and empowerment regarding family size and spacing, in order to reduce maternal deaths. Because many women do not have access to health services, the programme will focus on service delivery and health promotion at the community level. To address the low demand for services, volunteer networks will be activated to carry out community-based health promotion and to facilitate referral and outreach activities by health providers. Health interventions for young children will be coordinated at the district and community level, with early learning and good parenting initiatives supported by the Basic Education programme. The programme will advocate for and provide technical assistance to the Health Management Information System (HMIS) to address the need for better data disaggregated at sub-national levels as a way of improving micro-planning of health activities.

34. The *water and environmental sanitation (WES)* project will mobilize communities through educational programmes to significantly improve environmental sanitation at the community and family levels, in order to reduce water- and mosquito-borne diseases. Communities will be supported to rehabilitate and build low-cost water systems and latrines, improve home sanitation and promote safe hygiene behaviours. The aim is for 80 per cent of families in the same selected villages of the child survival project to have access to clean water and sanitary latrines. In addition, in at least 80 schools, children will have access to WES facilities, practice safe hygiene behaviours and be de-wormed. The project will also build the management capacity of key national and district staff of the Water and Sanitation Bureau. School-based WES activities will be coordinated with the Basic Education programme.

35. The main implementing partners are the Ministry of Health, the Department of Water and Sanitation Services, District Administrations and local departments for health and sanitation. Other partners include the Catholic Church-based organization *Pastoral da Criança*, the Alola Foundation, and village entrepreneurs responsible for building WES components, mobilizing community demand, and promoting behavioural change.

36. **Basic education**. Primary education is characterized by inadequate or damaged physical infrastructure, poorly trained and unmotivated teachers, a weak administrative and support structure, and poor school-readiness among young children. To address these concerns, the Basic Education programme will shift its attention from service-recovery and expansion to improving quality, emphasizing instructional leadership at the school level. UNICEF will build on successes at the school level to strengthen the national education policy and planning, and will support the implementation of the new primary school curriculum.

37. The *national education policy and planning* project will strengthen the abilities of key staff and departments in the Ministry of Education, Culture, Youth and Sport to collect and analyse data, and formulate education policies and plans. The Education Management Information System (EMIS) will be expanded to cover primary, junior and secondary schools to facilitate the availability of information about school budgets, learning achievement, teacher and student attendance. National examination data will be used to assess the effectiveness of the education system and curriculum.

38. The *one hundred school clusters* project will consolidate gains made and improve education quality. The expected results are that teachers in 400 schools will be able to use active teaching and learning methods and materials and that principals will be better able to manage their schools and provide instructional leadership to teachers and students. PTAs will be strengthened to support school development, including the rehabilitation of infrastructure and maintenance of WES facilities. Responding to the Government's decision, UNICEF will help to develop a model for community pre-schools. At least 13 pre-schools will be established on a pilot basis to inform education policy development.

39. A new project is to support the development of the primary school curriculum. This will involve the development of teacher guides, textbooks, and teacher training and learning resources. Materials will be produced in Portuguese and Tetun to facilitate the development of language skills among teachers. It is expected that, by 2007, all teachers in grades 1 to 3 will be able to deliver the new curriculum.

UNICEF will support the development of new classroom-based observation strategies to assess implementation.

40. The programme will be implemented by the Ministry of Education, Culture, Youth and Sport and other partners, including the Catholic Church, the World Bank, the Governments of Portugal and Brazil, and international NGOs.

41. **Child protection**. This programme will help to institutionalize effective systems and services that prevent child abuse, exploitation and neglect, assist children who are in conflict with the law, and increase birth registration. More consistent efforts are needed to increase knowledge about child protection behaviours and practices, and to promote open discussion of these issues among communities and service providers. The lack of data is still a pressing concern.

42. The *protection from violence, abuse, neglect and exploitation* project will address the need for community dialogue about child protection. UNICEF will continue to support child protection networks and community theatre to raise awareness. Children in institutions and separated children remaining in Indonesia will benefit from the implementation of policies and systems to promote reunification. Collaboration between police, social workers and community organizations will be promoted to prevent child abuse and to respond to children in need. UNICEF will continue to build professional capacity and develop simple yet effective systems for improved case management and better recording of child abuse cases.

43. The *juvenile justice* project will build the capacities of key staff in the judiciary and police to better implement juvenile justice principles and national legislation, including the Children's Code, which will be finalized and rolled out. Programmes for community-based rehabilitation will be strengthened and promoted as diversion measures and alternatives to detention for children in conflict with the law. UNICEF will continue to build the professional capacity of the police and the strength of systems dealing with children.

44. The *birth registration* project will help to establish a national birth registration system. A civil registration code will be developed, and procedures and mechanisms for a sustainable and decentralized birth registration system will be designed and piloted. Parents, caregivers and service providers will be given greater access to information about registration services.

45. The *protection* project will be implemented by the Division of Social Services under the Secretary of State for Labour and Solidarity; *juvenile justice* will be implemented by the Ministry of Justice and the National Police, under the Ministry of Interior; and *birth registration* will be implemented by the Ministry of Justice. Other partners include the Catholic Church, local and international NGOs, and community-based organizations (CBOs).

46. **Advocacy and communication**. While the Government recognizes the need for a national communication strategy, media training and expanded radio and television broadcasting, there is limited technical capacity for conducting information, education and communication initiatives. This programme will help to build this capacity among partners and support efforts to popularize the Convention on the Rights of the Child.

47. Key expected results include, first, the integration of a national information, education and communication strategy into sectoral communication plans, and the creation of pilot mechanisms to strengthen information flow between districts and communities about the availability of basic services. Second, media agencies and electronic, print and traditional communication networks will be more knowledgeable about child rights issues, and targeted NGOs and CBOs will be able to apply a child-rights approach to their work. Third, children and young people will have opportunities to participate in the media and have greater access to radio and print information designed specifically for and about their lives.

48. The programme will be implemented by the Public Broadcasting Services of Timor-Leste. Other partners will include Radio and Television Timor-Leste, community radio, journalists associations, NGOs, CBOs, Parliament, and targeted communication departments of the Ministries of Health and Education, and the Department of Social Services.

49. **Adolescents and HIV/AIDS prevention**. Nearly two out of three people in Timor-Leste are children. Young people are vulnerable to the violence that persists in their communities and schools, and they face higher risks of infection with HIV/AIDS. This programme will build the capacities of targeted national and local bodies to help young people play a larger role in their society, have improved livelihoods, learn life skills and remain safe from violence and HIV infection.

50. The *adolescents' participation* project will work on two fronts to create a policy environment that addresses the needs and rights of young people while also providing young people with access to life-skills education, functional-literacy services, and opportunities to participate more actively in their communities. A national youth database will be used to inform policy and planning. In consultation with young people, UNICEF will work with the World Bank to help develop a National Youth Policy. UNICEF will support life-skills education for out-of-school adolescents and students in 80 secondary schools. Life-skills education will also be integrated into the primary school curriculum. A functional literacy strategy for young people will be developed, and UNICEF will support projects in five districts to pilot new methods and materials. In addition, NGOs and community organizations in 13 districts will be supported to establish networks for young people, such as youth service clubs and student parliaments.

51. The *HIV/AIDS prevention* project will help young people to have greater access to information and counselling for HIV/AIDS prevention. Newly established counselling services in four clinics in Dili, and in three of its district hospitals, will be strengthened. At the national level, UNICEF will support the National AIDS Commission and key Ministries to implement the National HIV/AIDS Strategic Plan. A variety of communication initiatives will be supported to convey information and messages about HIV/AIDS prevention. Advocacy and other support will help to create a conducive environment for the utilization of acquired skills and information relating to HIV/AIDS prevention.

52. Two Ministries will oversee programme implementation: the Ministry of Education, Culture, Youth and Sport and the Ministry of Health, and a steering committee will oversee coordination. Other partners include the Secretary of State for Labour and Solidarity, Parliament, the Catholic Church, and NGOs and CBOs serving youth.

53. **Planning, monitoring and evaluation.** There is an ongoing need for higher-quality socio-economic information, stronger development planning and an increased commitment to sustaining investment in basic services. This programme will build the capacities of key government staff at national and district levels to collect and analyse data, prepare evidence-based plans, and strengthen monitoring and evaluation. A joint project is anticipated with UNDP and UNFPA to establish *DevInfo* as the government system for monitoring achievement of the Millennium Development Goals. Lastly, the programme will support the National Commission for Children to coordinate policy and programme development for children and to monitor implementation of the Convention on the Rights of the Child. The programme will be implemented by the Ministry of Planning and Finance and the National Statistics Directorate. Other partners are the National Commission for Children, the Policy and Planning Departments of the Ministries of Health, Education and Justice, and the Secretary of State for Labour and Solidarity.

54. **Cross-sectoral costs** will cover the salaries and travel costs of staff supporting country office operations, training and communication initiatives and the provision of office equipment.

Major partnerships

55. UNICEF will continue to support the development of government-led Sector Investment Program (SIP) in health, education, justice, water supply and sanitation, social services, local government and civil society, and communications. In health, key partners will include the European Union, the Australian Agency for International Development, Japan, the United States Agency for International Development and the World Bank. In education, key SIP partners will be Brazil and Portugal, the World Bank and the United Nations Economic, Scientific and Cultural Organization. The Catholic Church is expected to play a larger role in health promotion in communities, as well as in the adolescents' participation and literacy project. By the end of 2005, Village Chiefs will be elected across Timor-Leste. They will be asked to play a key role in mobilizing communities, increasing demand for basic services and improving outreach. Collaboration will continue with WHO to expand the health surveillance system; with UNFPA on safe motherhood and birth spacing; and with UNDP to strengthen the justice system for children. The World Bank will be a partner in efforts to frame the national youth policy, and to ensure appropriate links between the primary school curriculum and the Bank-supported secondary-school curriculum.

Monitoring, evaluation and programme management

56. The Ministry of Planning and Finance will coordinate the country programme; implementation and management will be carried out by relevant Ministries and line departments. Sub-national activities and results will be achieved in cooperation with district and sub-district administrations and with newly elected Village Chiefs. Convergence of programme activities at the district level and coordination of communication and advocacy initiatives will be undertaken by two cross-functional teams. Where feasible, UNICEF will promote the formation of cross-functional teams among government departments at the national and local levels to enhance coordination.

57. Major data-gathering activities for each programme will be consolidated in a two-year integrated monitoring and evaluation plan, which will assist evidence-based decision making during annual reviews and an end-of-cycle review. Two major evaluations will determine (a) the effectiveness of health promotion and outreach activities in creating demand for basic services in four districts, and (b) the contribution of the primary school curriculum to improving learning outcomes. UNICEF will assist the National Statistical Office in collecting high-quality data related to programme results and the Millennium Development Goals through surveys and routine reporting systems. UNICEF will also continue to build the capacity of the Government to use *DevInfo* to improve the targeting and delivery of basic services.

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Item 5 of the provisional agenda*

Draft country programme document**

Timor-Leste

Corrigendum

Cover page, Summary, line 3, should read:

$2,044,000 from regular resources

Line 4 should read:

$13,000,000 in other resources

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* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Item 5 of the provisional agenda*

Draft country programme document**

Viet Nam

Summary

The Executive Director presents the draft country programme document for Viet Nam for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $20,000,000 from regular resources, subject to the availability of funds, and $63,800,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/P/L.7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	30.6
U5MR (per 1,000 live births)	23
Underweight (%, moderate and severe, 2002)	30
Maternal mortality ratio (per 100,000 live births, 2000/2001)	170
Primary school enrolment (% net, male/female, 2000/2001)	98/92
Primary school children reaching grade 5 (%, 2000/2001)	89
Use of improved drinking water sources (%, 2002)	73
Adult HIV prevalence rate (%, end-2003)	0.4
Child work (%, children 5-14 years old)	23
GNI per capita (US$)	480
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	93

† More comprehensive country data on children and women is available at www.unicef.org.

The situation of children and women

1. The situation of women and children in Viet Nam is determined by the country's social and political reform process, called *"Doi moi"* (renovation), which has generated economic growth rates between 7 and 9 per cent per year over the past 10 to 15 years. Alongside this, the Government's remarkable commitment to improving the situation of children and women has achieved a halving of poverty, significant reductions in the under-five mortality rate (U5MR) and malnutrition, and high levels of primary education enrolment, with universal lower-secondary education envisaged by 2010. Viet Nam ratified both Optional Protocols to the Convention on the Rights of the Child in 2001 and has shown strong commitment to the Millennium Development Goals.

2. **Unfinished social agenda.** New opportunities and economic benefits have markedly improved the lives of the majority, but have not been enjoyed equally by all, particularly the poorest. Twenty-nine per cent of the population remains below the poverty line, and growing geographic and economic disparities particularly affect poor children and women, including those from ethnic minorities, and in remote and mountainous areas.

3. U5MR is 23 per 1,000 live births but markedly higher in ethnic minority provinces. Approximately half of all child deaths occur in the first month of life. Maternal mortality is 170 per 100,000 live births but, again, higher in remote and mountainous areas. While 82.5 per cent of households use adequately iodized salt, and vitamin A supplementation coverage is high, 30 per cent of children under five are malnourished, and some ethnic minority areas have under-five malnutrition rates of around 40 per cent. Only 67 per cent of the rural population had access to safe water in 2002; access to clean water and sanitation, for the top 12 provinces was 77 and 75 per cent, respectively, but was 28 and 13 per cent in the bottom 12 provinces, primarily remote and mountainous provinces. Adding to water-quality concerns is the association of low coverage for clean water and sanitation with stunting and

diarrhoea as well as arsenic and fluoride contamination of ground water, particularly in the Red River Delta. Despite net primary enrolment of 96 per cent, only 89 per cent of children reach grade 5, with gender gaps pronounced at the subnational level. Many remote and mountainous areas, including ethnic minority areas, have lower rates of enrolment and coverage of water and sanitation (WES) facilities: for example, several ethnic minority groups have primary enrolment rates between 40 and 70 per cent, and lower-secondary enrolment below 20 per cent, with almost one third of schools in these areas lacking safe water supply and more than half lacking adequate sanitation facilities.

4. **Emerging agenda.** Rapid change has generated new challenges. The Viet Nam Multi-Injury Survey showed that nearly 75 per cent of deaths of youths and children over one were due to injury, a fact that brings a new perspective to child mortality and morbidity. Primary causes include drowning and traffic accidents.

5. Adolescents and young people now make up almost 30 per cent of the population, a figure representing a significant demographic change and explaining the increased demand for higher education, employment and opportunities for participation and leisure for these age groups, as well as for protection from drug abuse and conflict with the law. Socio-economic stress on families and the effects of rural-to-urban migration have provoked new social problems, including homelessness, drug abuse, sexual and economic exploitation, trafficking, violence and suicide. There are 2.5 million children in need of special protection, including more than 150,000 orphans, 1.2 million children with disabilities, 16,000 children who live or work on the street, 8,500 children infected with HIV/AIDS and 23,000 child labourers.

6. HIV/AIDS threatens children and youth as well as the country's broader socio-economic development, with prevalence among 15- to 49-year-olds at 0.4 per cent and over 1 per cent among pregnant women in at least four provinces. People 10-19 and 20-29 years of age account for 8.3 and 62 per cent of infections, respectively. Addressing youth issues will be the key to an effective response.

7. **Emergencies.** Climate change models predict that Viet Nam will remain among the world's top-ten countries prone to disaster from typhoons, storms, floods, droughts, mudslides, forest fires and saltwater intrusion. Between 1994 and 2004, floods and storms alone resulted in 7,537 deaths as well as the destruction of 11,764 boats and ships and 395,202 houses. Droughts are becoming increasingly common in a number of northern and central provinces. Annually, more than 1 million people living either below or just above the poverty line need emergency relief. Increasing urbanization, industrialization, and changing land-use patterns increase the risk of new types of disasters if these changes are not properly managed.

8. **State environment.** Viet Nam is strengthening the rule of law. The enhanced role of the National Assembly and People's Councils in law-making and Government oversight provides an opportunity to further institutionalize the rights of children and women. World Trade Organization accession is expected by end-2005, an event that could potentially increase per capita income but also have negative effects on very poor rural households; social safety nets will need to respond. Socio-economic development plans for 2006-2010 will raise issues of social equity and quality of social services. Ongoing national poverty-reduction efforts will need strengthening to reach poor and vulnerable groups more effectively. Government plans to increase the engagement of private-sector

providers and cost recovery from citizens for basic social services through direct and indirect user fees risk undermining poverty-reduction efforts and could lead to the creation of a two-tier system if not properly implemented.

9. Viet Nam's institutional environment is decentralizing, with provincial authorities receiving lump-sum budgets and having exercised autonomy in budget allocation since 2004. However, subnational capacity and funding levels need to be increased and strengthened.

10. **Committee on the Rights of the Child.** While commending the Government's progress on children's rights, particularly social and economic rights, the Committee's 2003 review of the Second Report of the Government of Viet Nam focused on vulnerable children, including ethnic minority children, as well as legal reform and juvenile justice and growing disparities. The Committee recommended a human rights-based approach to programming. It also suggested better monitoring of children's rights and the establishment of "independent and effective mechanisms to monitor the promotion and protection of children's rights". The Committee highlighted the important role of civil society and growing problems of child protection, proposing the development of a comprehensive family policy, including the establishment of a professionalized system of social workers.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

11. **Laws and Policies.** UNICEF provided assistance to the Government in its reporting under international human rights treaties and in its harmonizing national legislation with international standards in many key areas, and provided technical support for National Plans of Action and Government decrees. In close partnership with the Asian Development Bank, the United Nations Development Programme and the World Bank, UNICEF successfully contributed to bringing greater attention to children's and women's rights in key policy processes, including the Poverty Reduction Strategy Paper (PRSP) and other poverty-reduction plans and programmes. UNICEF also supported development of sectoral policies in health, injury prevention, water, family policy and education. UNICEF facilitation of cross-border cooperation between Viet Nam and China on the trafficking of women and children led to ongoing dialogue and joint programming. UNICEF also promoted policies on children affected by HIV/AIDS and on child protection.

12. **Service delivery and model development.** UNICEF contributed to increasing birth registration, from 72 per cent in 1999 to 95 per cent in 2004 and in bringing immunization coverage of measles to 99 per cent for children between 9 months and 10 years of age, reducing measles cases from 13,475 in 1999 to 2,297 in 2003.

13. Several pilot models, including on prevention of mother-to-child transmission (PMTCT) of HIV, childhood injury prevention, primary environmental care, child-friendly learning environments and healthy-living life skills education, have been developed. Many have been taken to scale or have influenced policies. These include (a) guidelines on WES incorporated into the Prime Minister's Decision on supporting production-land, housing-land, houses and clean water for disadvantaged households of ethnic minorities; (b) healthy living and life skills components,

expected to be incorporated into the national curriculum; and (c) core curricula on social work approved by the Government. UNICEF also introduced the Regional Buddhist Leadership Initiative in Viet Nam to strengthen community-based prevention and care for families living with HIV/AIDS.

14. **Research and monitoring.** Indicators for the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women were developed and mainstreamed into regular government statistics. The recently established National Statistical Information System includes new indicators, among which are repetition rates, malnutrition rates for under-fives and the proportion of births at health institutions, disaggregated by age. Research on the impact of health and education policies on ethnic minority children helped to highlight these issues in national development planning. The analysis of human rights-based programming in Viet Nam that UNICEF carried out helped to raise awareness about rights and enabled a rights-based Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF). UNICEF supported innovative national surveys on emerging issues, such as the Viet Nam Multi-Injury Survey, the first National Youth Survey and the first National Family Survey as well as studies on Knowledge, Attitudes and Practices in health and nutrition, WES, injury prevention and landmines and education. Systems and tools for local monitoring were developed for health care and nutrition services, WES and education.

15. **Emergencies.** UNICEF has mainstreamed disaster preparedness and response activities into regular programmes and has coordinated these through an internal office task force. The funds used have been regular resources and limited other resources mobilized after flash floods in central Viet Nam for preparedness and response activities in the Mekong Delta, which is affected by recurrent floods. Response items included emergency health kits, school supplies and water filters. Information-sharing and coordination with other United Nations agencies, international non-governmental organizations (NGOs) and UNICEF regional and headquarters offices has been strong.

Lessons learned

16. The mid-term review (MTR) of the country programme called for improved knowledge and information management at all levels. While the availability and quality of data on women and children have improved, capacities remain inadequate for data analysis and employment in policy, legislative development and monitoring and evaluation. Counterparts and UNICEF have gained valuable experience in local planning, poverty reduction, participation — including child and adolescent participation — the monitoring of child rights and reaching hard-to-reach groups, with much of the knowledge gained made available to decision makers and policy makers in assessments and evaluations. However, UNICEF projects have achieved minimal convergence of basic services and have failed to link projects closely to local government plans, particularly at the provincial level. In some cases, shortfalls of matching government funds and low counterpart planning and implementation capacity hampered implementation. These linkages and capacities need to be improved. Capacity-building for effective behaviour-change communication remains an essential element for success.

The country programme 2006-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	3 220	10 500	13 720
Water, environment and sanitation	1 820	9 000	10 820
Childhood injury prevention	700	7 500	8 200
Education	2 240	9 500	11 740
Child protection	1 960	7 500	9 460
Provincial child-friendly programme	4 460	17 650	22 110
Planning and social policy	2 300	2 150	4 450
Cross-sectoral costs	3 300	0	3 300
Total	**20 000**	**63 800**	**83 800**

Preparation process

17. The new country programme of cooperation was developed based on the MTR, alongside the CCA/UNDAF and the 2006-2010 Socio-Economic Development Plan. A Joint Strategy Meeting, attended by United Nations agencies and the Government in March 2005, endorsed the proposed programme of cooperation.

18. Various consultations were held with government counterparts, the National Assembly and mass organizations under the leadership of the Ministry of Planning and Investment. Counterparts requested support in areas including knowledge management, behaviour-change communication, family policy and subnational capacity-building. Given the small share of official development assistance for UNICEF, the multilateral nature of the organization's support and the 30 years of UNICEF experience in the country, as well as its relationship with the Government, UNICEF and the Government agreed that technical contributions for law and policy development, standard-setting, knowledge management and coordination for certain areas of donor support should become a stronger focus, and that UNICEF support to service delivery should concentrate in selected provinces and be linked to that of provincial authorities.

Goals, key results and strategies

19. The overall goal of the programme of cooperation 2006-2010 is to protect and fulfil the rights of children and women within national reform processes and increased international integration, through (a) poverty reduction, particularly for vulnerable children and women; (b) the response to challenges arising from modernization; and (c) stronger subnational socio-economic policies and programmes that are child- and women-friendly. Agreed expected results for 2010 were the following: (a) national laws and policies for children and women consistent with international standards and commitments; (b) an increased impact of National Targeted Programmes for vulnerable children, including those of ethnic minorities; (c) systems of monitoring and oversight for children's and women's rights in place

at all levels; (d) provisions in place for the participation of adolescents and young people; (e) strengthened subnational capacity for planning, monitoring and evaluation for the village development committees and achievement of the Millennium Development Goals; (f) child-friendly models for subnational socio-economic development plans available and replicated; and (g) improved disaster preparedness and response systems.

20. The five main strategies will be (a) advocacy, awareness-raising and partnership with the Government, the United Nations country team, civil society and donors; (b) technical assistance and capacity-building for law and policy development, knowledge management, standard-setting and monitoring; (c) capacity-building for subnational authorities in child-friendly planning and in monitoring and evaluation; (d) strengthening the participation of children, women, families and communities; and (e) improving access to information and behaviour-change communication. Cross-cutting priorities will include ethnic minorities, adolescents and young people, HIV/ AIDS and emergencies within the overall context of poverty reduction and with activities integrated into sectoral programmes.

21. Regarding HIV/AIDS, UNICEF will promote a comprehensive and holistic response to prevention and care. The response will focus on geographic convergence and support for policy development and implementation of the National HIV/AIDS Strategy in areas where the global leadership role of UNICEF is recognized, areas such as prevention among young people, PMTCT and care and support for children. These efforts will be integrated into all programme areas of UNICEF.

Relationship to national priorities and the UNDAF

22. The new country programme supports the priorities of national socio-economic development strategies and plans and the PRSP, including through the development of plans and strategies and their monitoring and implementation. The country programme closely links with the following UNDAF outcomes: (a) Government economic policies in support of growth that is more equitable, inclusive and sustainable; (b) an improvement in the quality of, delivery of, and equity in access to, social and protection services; and (c) policies, laws and governance structures that effectively support rights-based development aiming to realize the values and goals of the Millennium Declaration.

Relationship to international priorities

23. The programme supports the Millennium Declaration and Millennium Development Goals, the related Viet Nam Development Goals and the principles and goals of *A World Fit for Children*. The programme also responds to the priorities and approach of the medium-term strategic plan of UNICEF.

24. The emphasis on child-friendly legislation and policies, disadvantaged children such as ethnic minority children, and protection from the negative impacts of economic transition responds to the recommendations of the Committee on the Rights of the Child and reflects a rights-based approach to programming.

Programme components

25. **Health and nutrition.** This programme will consolidate previous achievements while responding to emerging health and nutrition issues through

policy support, model-building, monitoring, behaviour-change communication and partnership. The expected key results at the national level are the following: (a) the development of policies and plans of action to promote equity in, and access to, health care services for children, mothers and poor populations, with these efforts including improved implementation of policies on free health care for children under six, universal salt iodization, and infant and young-child feeding; (b) the harnessing of national efforts on surveillance and response to the HIV/AIDS epidemic, including the development, evaluation and replication of interventions for PMTCT, treatment and care; (c) increased government funding for successful public interventions, including an expanded programme on immunization and micronutrient deficiency control, to enhance sustainability; (d) strengthened staff capacity in behaviour-change communication in the health sector and in communities in areas at high risk of micronutrient deficiencies and vaccine-preventable diseases; (e) improved national and local capacity to monitor progress towards the Millennium Development Goals related to health and nutrition, to assess the impact of reforms on the health and nutrition status of children and women and to use evidence to inform policies and interventions; and (f) improved capacity of personnel in the Ministry of Health for disaster preparedness and response.

26. **At the subnational level.** UNICEF will develop innovative strategies to promote child survival, improve maternal and child nutrition and reduce maternal mortality, especially in provinces with highly vulnerable populations. These will link and contribute to national policies and standards.

27. Partners will include the Ministry of Health and United Nations agencies, including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS, and the United Nations Population Fund. The programme will also foster partnerships with emerging stakeholders in the health sector such as the private sector, NGOs, professional associations, and national centres of excellence.

28. **Water and environmental sanitation (WES).** As an integral part of strategies on child survival and malnutrition and the reduction of maternal mortality, this programme will continue to support the Government's priority of improving rural access to clean water and sanitation, with a particular focus on sanitation and hygiene behaviour-change for poor and ethnic minority areas, and hence the achievement of related Millennium Development Goals.

29. Key expected results at the national level are the following: (a) improved policies and standards, with updated national action plans on rural water supply, environmental sanitation and hygiene behaviour-change communication, including messages on HIV/AIDS, and the development of a distinctive sanitation action plan; (b) improved rural water quality and an arsenic mitigation action plan and its implementation; (c) strengthened national capacity in management, coordination and research; (d) increased investment in water and sanitation supply for vulnerable communes and schools, aided by the documentation of lessons learned, advocacy, networking and partnerships; (e) improved rural WES data-quality and monitoring capacity, with uniform indicators in place for monitoring national goals and Millennium Development Goals; and (f) improved counterpart capacity in disaster preparedness and response.

30. Key expected results at the subnational level are the following: (a) the piloting and taking to scale of models linked to national policies and standards in several

areas, namely, child-friendly community and school WES facilities, private sector participation, rural water quality, sanitation and hygiene, management and cost recovery, and operation and maintenance; (b) the strengthened participation of primary stakeholders, including ethnic minority women and children, in the planning and management of WES services; (c) strengthened local capacity in participatory WES planning, monitoring, and operation and maintenance; and (d) updated local WES plans that include improved provincial regulations and resource mobilization.

31. UNICEF will play an active coordination role. Key partners will include the Center for Rural Water Supply and Sanitation/ Ministry of Agriculture and Rural Development, the Ministry of Health, the Ministry of Education and Training, provincial and local authorities, mass organizations, including the Viet Nam Women's Union, Farmers Associations, the Youth Union, United Nations agencies, bilateral, multilateral and non-governmental organizations, and research institutions.

32. **Childhood injury prevention.** This programme, supporting cross-sectoral interventions for child survival, is the first of its kind in the developing world and responds to a key Government priority for the next five years. UNICEF will help to gather information on and replicate experiences from countries with similar epidemiological challenges. UNICEF will also support the development and implementation of laws and regulations, improved knowledge and monitoring, awareness-raising and capacity-building to better address childhood injury prevention. Key expected results are the following: (a) the development and enforcement of national laws and regulations on child safety, including on child-safe homes, schools, kindergartens, child-care centres and public spaces; (b) greater awareness at all levels of the contribution of injuries to mortality and morbidity and of prevention measures for major child injuries, including those caused by unexploded ordnance/landmines; (c) comprehensive models for community- and institution-based injury prevention, covering swimming skills, environmental modification and alternative parental supervision during school holidays, with such models developed, evaluated and taken to scale through a national policy on safe communities; (d) reduced-risk behaviour adopted by adolescents; (e) the development of cost-effective child-safety devices to be promoted through new safety legislation; (f) the establishment of an effective accident and injury surveillance system; and (g) strengthened coordination and government response on mine action. At the subnational level, UNICEF will work for the greater incorporation of childhood injury prevention into subnational development plans.

33. Major partners in this area will include the Ministry of Health, the Committee for Population, Family and Children, the National Assembly, the Ministry of Defence, the National Sport Committee, the National Transport Safety Committee, mass organizations, including the Youth Union, Viet Nam Women's Union, the Viet Nam Consumer Association, WHO and international NGOs.

34. **Education.** This programme will support the implementation of laws and policies, including the National Education Strategy, Education for All (EFA) Plan, National HIV/AIDS Strategy and Millennium Development Goals, focusing on education quality and disparities at the early childhood, primary and lower-secondary levels. The programme will reach children and young people who are both in school and out of school, giving strengthened emphasis to gender, child and adolescent participation, ethnic minority girls' education, bilingual education,

school readiness, transition from primary to secondary education, and learning achievement. Key expected results at the national level include the following: (a) evidence-based policies and strategies across the education sector developed and implemented; (b) strengthened collaboration, understanding and acceptance among policy makers, education managers and development partners regarding standards for quality and equity; (c) strengthened monitoring and evaluation for education; and (d) the mainstreaming of gender and child rights across the curriculum, with life skills education, including HIV/AIDS, incorporated at the lower-secondary level.

35. At the subnational level, the programme will build on its established grass-roots approach while concentrating efforts geographically. Key expected results include the following: (a) sustainable targeted assistance for child-friendly learning across the sector, including in bilingual education and in transition and quality education for disadvantaged groups; (b) the consolidation of existing pilots in the areas of advocacy, community participation and capacity-building; and (c) the replication of participatory youth-friendly life skills education for youth in strategic locations who are in school or out of school.

36. These, as well as the subnational education interventions supported through the Provincial Child-Friendly Programme will inform national and subnational plans and policies, including the EFA and the Socio-Economic Development Plan.

37. There will be a focus on maximizing linkages between education and other programme areas, as well as a strengthening of partnerships within the context of EFA and education sector-wide approaches.

38. Major partners will include the Ministry of Education and Training, the Viet Nam Women's Union, the Viet Nam Youth Association, United Nations agencies and bilateral, multilateral and non-governmental organizations.

39. **Child protection.** This programme will focus on assisting the Government in reforming, strengthening and providing personnel-training for legal and institutional structures to address emerging child protection issues, as part of the national social-protection strategy to protect the vulnerable. Key expected results at national level are the following: (a) the development of a comprehensive legal framework for children and adolescents in need of special protection (CNSP) and other vulnerable children and adolescents, including those from ethnic minority groups; (b) strengthened government capacity in monitoring and analysing the situation of CNSP; (c) improved awareness, behaviours and participation among the general public, civil society and children regarding child protection; (d) improved justice for children; and (e) programmes and budgets in place and implemented to reduce the vulnerability of children and to protect them from abuse, violence and exploitation, including sexual exploitation, trafficking, and child labour, HIV/AIDS and deprivation of liberty.

40. Key expected results at the subnational level are the following: (a) the piloting of policies and guidelines for the establishment of protective environments for children, including multi-sectoral community-based child protection services and networks for CNSP, local ombuds-systems for children and adolescents, and alternative care for CNSP; and (b) the increased capacity of partners, through the training of social workers, counsellors and law enforcers, to provide support services for children and families in selected project areas. The programme will support only pilot models, which will be closely linked to policy and programme

development to influence national policies and practices to improve child protection.

41. Major partners will include the Committee for Population, Family and Children, the various concerned Ministries (Labour, War Invalids and Social Affairs; Public Security; Justice; and Foreign Affairs), the Viet Nam Women's Union, the Youth Union, the National Assembly, the People's Courts, the People's Procuracy and civil society.

42. **Provincial child-friendly programme.** The programme aims to build government capacity in pro-poor socio-economic development planning at the subnational level and to develop models to reach vulnerable families, using criteria from the Convention and the Law for Protection, Care and Education for Children. The programme also supports the implementation of the Decision of the Committee for Population, Family and Children on "Communes Fit for Children", based on *A World Fit for Children.*

43. The primary value added by this programme is the demonstration of coordinated multisectoral investment for children and women. Models will include components and capacity-building for all programme sectors, including (a) child survival through health and nutrition services; (b) adequate water and sanitation; (c) child injury prevention; (d) child-friendly learning environments at home, school and community levels; (e) environments for children that protect them from violence, abuse and neglect; and (f) programming and planning for children and women, including through community-based monitoring and evaluation and the involvement and participation of children and youth.

44. The subnational support of UNICEF will converge in selected provinces with situations where high disparities persist or where children are particularly vulnerable to the challenges of urbanization and industrialization. Models for capacity-building, participatory planning, monitoring and service delivery for hard-to-reach children will be evaluated and replicated within a child-friendly roll-out of the decentralization process and the implementation of the Comprehensive Poverty Reduction and Growth Strategy (Poverty Reduction Strategy Paper). The programme will pursue resource-leveraging within subnational plans for children and women.

45. Main partners for this programme will be the Provincial People's Committees, subnational Committees for Population, Family and Children, the Viet Nam Women's Union, the Youth Union and line Ministries. National ministries will provide technical assistance and monitoring. The Ministry of Planning and Investment and the Committee for Population, Family and Children will be supported to (a) build capacity at the subnational level for the development and implementation of laws and policies regarding children's rights, planning methods, and monitoring and evaluation; and (b) to replicate proven models.

46. **Planning and social policy.** This programme will support the Government and the National Assembly to maximize the quality and effectiveness of legislation and strengthen capacity at the national level to address issues affecting children and women in socio-economic development planning. Key expected results include the following: (a) an increased awareness among elected, party officials, and legal and other government officials of the rights of women and children, as defined in international and national instruments; (b) improved legislation on children and

women in line with international standards; (c) strengthened policies on ethnic minorities, particularly for ethnic minority children; (d) increased knowledge available to policy makers and the public on new areas of social policy and their impact on children; (e) improved monitoring and evaluation of the situation of children and women and the impact of programmes aimed at realizing their rights, including implementation of *DevInfo* and stronger knowledge-management; and (f) strengthened capacity at the national level for participatory formulation, implementation and monitoring of socio-economic development plans.

47. Major partners will include the General Statistical Office; the Committee for Ethnic Minorities; the Committee for Population, Family and Children; the Ministry of Labour, War Invalids and Social Affairs; the Office of the National Assembly and People's Councils; the Ministry of Planning and Investment; United Nations partners; key bilateral and multilateral donors; NGOs; and mass organizations.

48. The planning and social policy section of UNICEF will also undertake various cross-sectoral functions, including performance-monitoring, internal planning, financial monitoring and oversight of the country programme.

49. **Cross-sectoral costs** will cover the operational costs of salaries of the cross-sectoral staff as well as the communications staff coordinating communication activities across all programme areas. It will also cover security equipment, training costs, financial monitoring, programme communication, public information for fund-raising and other purposes, staff capacity-building, travel and operating costs.

Major partnerships

50. The country programme will be implemented in collaboration with all United Nations agencies within the UNDAF, government counterparts at all levels, mass organizations, civil society, the National Assembly, the People's Councils and other United Nations agencies in areas such as youth, HIV/AIDS, migration and education, with particular emphasis placed on a joint programme in the central highlands.

51. UNICEF will maintain close contact with funding partners, including governments and National Committees for UNICEF, to maximize resources and benefit from their inputs into reviews and assessments. UNICEF will actively participate in coordinating forums of the Government and donors to ensure the prioritization of children's and women's rights.

Monitoring, evaluation and programme management

52. The country programme will be managed by the Ministry of Planning and Investment and coordinating agencies. Programme monitoring will include mid-year and annual reviews undertaken with partners, alongside field visits, evaluations and surveys as indicated in the Integrated Monitoring and Evaluation Plan. Indicators tracked in *DevInfo* will provide both (a) external monitoring of the situation and of the progress towards realizing the rights of children and women, and (b) internal monitoring of programme performance.

53. The 2008 MTR will evaluate the effectiveness of national and subnational child- and women-friendly socio-economic development policies and programmes in reaching vulnerable groups. UNICEF will support the UNDAF evaluation in collaboration with United Nations agencies and government and national partners.

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Draft country programme document**

Bangladesh

Summary

The Executive Director presents the draft country programme document for Bangladesh for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $60,490,000 from regular resources, subject to the availability of funds, and $210,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[†] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	65.3
U5MR (per 1,000 live births)	69
Underweight (%, moderate and severe)	48
Maternal mortality ratio (per 100,000 live births)	380
Primary school enrolment (% net, male/female)	81/84
Primary school children reaching grade 5 (%)	65
Use of improved drinking water sources (%)	75[a]
Adult HIV prevalence rate (%)	--
Child work (%, children 5-14 years old)	7[b]
GNI per capita (US$)	400
One-year-olds immunized against DPT3 (%)	85
One-year-olds immunized against measles (%)	77

[†] More comprehensive country data on children and women are available at www.unicef.org.
[a] Adjusted for arsenic contamination levels on the basis of national surveys conducted and approved by the Government.
[b] Excludes "household chores".

The situation of children and women

1. With a population of over 130 million, Bangladesh is one of the world's most densely populated countries. About half of the population (65.3 million) are children under 18 years of age. Bangladesh has been ranked 138th among 177 countries in the Human Development Index 2004. Despite an increase in national income per capita, the poverty gap is widening, with 63 million people living below the food-energy intake poverty line. The adult literacy rate is estimated at 56 per cent for men, 43 for women.

2. The infant mortality rate decreased from 75 to 51 per 1,000 live births from 1995 to 2002, and the under-five mortality rate fell from 116 to 69 between 1995 and 2003. Neonatal deaths account for two thirds of the infant deaths and one half of all under-five deaths. Most deliveries take place at home, in the absence of skilled attendance and access to emergency obstetric care, a fact that underlies one of the highest maternal mortality ratios in South Asia. A national study in 2004 revealed that the leading cause of death among children one to four years old is drowning, followed by pneumonia, malnutrition, and diarrhoea. Some 36 per cent of infants are born with low birth weight, 43 per cent of under-five children are stunted, and 48 per cent of under-fives are underweight. Anaemia is a severe public health problem in pre-school children and pregnant women. Health facilities suffer from shortages of supplies and qualified staff.

3. While 97 per cent of households have access to drinking water from an improved source, the overall safe water coverage has been reduced to about 75 per cent because of arsenic contamination. Use of sanitary latrines is increasing; however, promoting hygiene practices, especially proper hand washing, remains a

challenge. Solid-waste management is emerging as an important environmental problem, particularly in urban areas.

4. Because of poor parental skills, there are major disparities in the knowledge and practices of caregivers regarding early childhood care and development, particularly psychosocial development. Fewer than 10 per cent of children are registered after birth.

5. The net primary school enrolment rate is 81 per cent for boys and 84 per cent for girls. The dropout rate is high, and fewer than half of the children who complete primary school achieve expected competencies due to poor teaching-learning methods, overcrowded classrooms, and the lack of support from home.

6. Poverty is the main cause of child labour. An estimated 4.9 million children aged 5-14 years are working, many under hazardous conditions. Gender discrimination determines various societal roles that hamper the advancement of girls and women. Nearly 40 per cent of girls 15 to 17 years old are married, despite a law banning marriage before the age of 18. Dowry and dowry-related violence are widespread and pose serious threats to women. The minimum age of criminal responsibility was raised from seven years, but only to nine years, a fact highlighting the need to improve the juvenile justice system. An estimated 5.3 million orphaned children have lost a mother, father or both parents.

7. While the HIV prevalence rate is still low, behavioural patterns suggest that HIV infection could reach epidemic proportions unless major prevention efforts are undertaken. The Government has finalized the National Strategic Plan for HIV/AIDS and has received resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

8. About half of the urban population of 26 million lives in shanty towns. With no policy for shanty town dwellers, their access to essential basic services is scarce. Many children in this situation are working, deprived of education and health care, and vulnerable to violence, abuse, and exploitation.

9. In the Chittagong Hill Tracts, where about half of the population is of ethnic minority origins, development has been slower than that of the national average, mainly because of a history of conflict and the more difficult terrain. Malaria is common in this area.

10. Children are also vulnerable to emergencies, such as recurring floods that regularly submerge a large part of the country. Floods in 2004 affected more than 36 million people in 39 districts.

11. Bangladesh has ratified the Convention on the Rights of the Child and its two Optional Protocols. It has also ratified the Convention on the Elimination of All Forms of Discrimination against Women and other major international agreements. The Government is committed to addressing children's and women's rights and has set itself on course towards achieving the Millennium Development Goals. The Poverty Reduction Strategy Paper (PRSP) is being finalized.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

12. UNICEF, in collaboration with the World Health Organization (WHO) and other partners, supported the Government in maintaining polio-free status and increasing the full immunization rate from 52 to 63 per cent in 2003, vaccinating approximately 3 million children annually by the age of one. UNICEF has provided vaccines, training for health workers, and communication materials. UNICEF, in partnership with Columbia University and the Japan International Cooperation Agency, upgraded 190 emergency obstetric care facilities at the district and *upazila* (sub-district) levels. A national vitamin A "plus" campaign was introduced on a twice-yearly basis in 2003 as a strategy to maintain supplementation coverage after the completion of National Immunization Days. In 2004, approximately 15 million children aged 12 to 59 months received vitamin A capsules.

13. Communication initiatives have drawn national attention to the education rights of all children, especially of girls and working children. The primary education project was expanded to 38 of the country's 64 districts, reaching more than 10 million children with quality education, and training 150,000 teachers on interactive methods. The expertise of UNICEF in primary education served as strategic input to the sub-sectorwide programme, known as the Second Primary Education Development Programme (PEDP-II). Nearly 350,000 urban working children in six City Corporations (urban areas) received basic education, and 125,000 adolescent girls were trained in life skills, which significantly improved the girls' ability to act independently.

14. More than 1 million tube wells were tested for arsenic contamination, while communication initiatives increased awareness of arsenic contamination from among 35 per cent of the population in the programme area to 76 per cent between 2000 and 2003. Arsenic-free water supplies are being installed in 20 *upazilas* that have contaminated water. Supported with funds from the United Kingdom Department for International Development, community hygiene promotion among 1.5 million households resulted in construction of more than 400,000 household latrines and 5,000 water points. Hygiene promotion took place in 4,800 primary schools.

15. Birth registration campaigns were held in 19 districts; registering 7.9 million children under five in 2004, and advocacy efforts led to the enactment of the 2004 Births and Deaths Registration Act, simplifying registration and making it mandatory. UNICEF also supported the development of the National Plan of Action to Combat Sexual Abuse and Exploitation including Trafficking; the preparation of a national action plan following the United Nations General Assembly Special Session on Children; and the National Strategic Plan for HIV/AIDS. As Chair of the United Nations Theme Group on HIV/AIDS, UNICEF played a leading role in HIV/AIDS-related initiatives, and administered a $12-million HIV/AIDS Prevention Project funded by the World Bank and DFID.

16. In the Chittagong Hill Tracts, a community-based project provided health and education services through 2,220 *para* (village) centres. More than 44,400 children aged 3 to 6 years received early learning opportunities, and 215 safe water points

and 6,675 sanitary latrines were built in 300 villages. In urban shanty towns, UNICEF supported early childhood development activities for 12,000 children in Urban Development Centres.

17. During the 2004 floods, UNICEF participated in the United Nations Flash Appeal and provided support for water, health, education, and protection. UNICEF, with the World Food Programme (WFP), procured and distributed fortified blended food for 422,250 children, pregnant women, and breastfeeding women in affected districts.

Lessons learned

18. Implementing the 2001-2005 programme, UNICEF adapted to the workings of evolving partnerships such as the sector-wide approaches (SWAps) in health and primary education, in which the country office could play a significant and constructive role while remaining a non-pool funder. Implementation of World Bank-supported projects in primary education, nutrition, and HIV/AIDS also provided opportunity for new working modalities.

19. The mid-term review (MTR) of the country programme recommended that the new country programme converge the efforts of different programme activities, making them more focused, and enhance the rights-based approach, increasing the emphasis placed on disadvantaged groups, including shanty town dwellers and ethnic minorities.

20. The MTR further stressed the need for behavioural change communication to be coordinated across different programmes and projects to yield synergy. Community- and family-based behavioural change will support the healthy development of children and the advancement of adolescents, especially girls.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	12 000	50 000	62 000
Child development and education	10 000	65 000	75 000
Water and environmental sanitation	11 000	68 000	79 000
Child protection	8 000	15 000	23 000
Policy, advocacy and partnerships for children's rights	8 490	12 000	20 490
Cross-sectoral costs	11 000	-	11 000
Total	**60 490**	**210 000**	**270 490**

Preparation process

21. The country programme preparation was led by the Joint Government-UNICEF Advisory Group, involving all stakeholders at various stages of the process. The programme has taken into consideration the MTR, the situation analysis, the 2004 Common Country Assessment, the draft medium-term strategic plan (MTSP) of UNICEF 2006-2009, the concluding observations of the Committee on the Rights of the Child, and the draft PRSP. Also incorporated were children's views, collected through participatory methods.

22. The process for the United Nations Development Assistance Framework (UNDAF) 2006-2010 took place concurrently. The Joint Strategy Meeting in March 2005, involving United Nations agencies, the Government, donors and civil society, endorsed the UNDAF. Main elements of the proposed UNICEF programme of cooperation were agreed in a Joint Government-UNICEF Advisory Group meeting on 16 March.

23. The proposed country programme has been assessed and is likely to have no negative impact on the environment.

Goals, key results and strategies

24. The country programme aims for the progressive realization of children's and women's rights through improved survival, development, protection and participation in the framework of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Development Goals and the Millennium Declaration.

25. The country programme will aim to achieve key results by converging programmatic efforts in disadvantaged areas selected through vulnerability analysis, and will include the provision of a package of basic interventions and support to a community-based planning process. The Expanded Program on Immunization (EPI), vitamin A supplementation, salt iodization, and birth registration will target all children nationwide. Concurrently, active contributions to the SWAps in health and education will influence national policies and strengthen institutional capacity. Collaboration with other United Nations agencies and relevant partners will be pursued.

26. The country programme aims to achieve the following results enhancing the achievement of UNDAF results: (a) children will be protected through more effective legislative and enforcement systems; (b) the Child Rights Commission will be established and address children's issues; (c) 90 per cent of all children will be protected by valid immunization by 12 months of age; (d) 90 per cent of children 12 to 59 months of age will be receiving biannual vitamin A supplementation; (e) 85 per cent of households will be consuming iodized salt; (f) drowning deaths among children aged one to four will be reduced from 86 to 70 per 100,000 population; (g) the percentage of women with obstetric complications whose need for services are met will increase from 27 to 50; (h) 70 per cent of all children will be registered and provided with a birth certificate; (i) in the shanty towns of six City Corporations, 100,000 out-of-school children will have completed non-formal primary education, 200,000 working children will have completed basic education, 20,000 will have completed vocational training; (j) 1 million adolescent girls and boys in selected areas will have acquired the skills to protect themselves and act as

agents of change to reduce child marriage, dowry, and other forms of abuse; (k) 30 per cent of adolescents will have the information and skills needed to reduce their vulnerability to HIV, and 80 per cent of HIV-infected children will be receiving care and support; (l) children in the Chittagong Hill Tracts and urban shanty towns will have access to improved health and education basic services; and (m) knowledge about children and women will be expanded as a means to advocate for their rights, with emphasis given to the most vulnerable.

27. The country programme will also contribute to reaching the PEDP-II national targets of (a) a primary net enrolment rate of 95 per cent, with 85 per cent completion and 65 per cent achievement of nationally defined competencies for girls and boys; and (b) the Government target of 100 per cent access to safe water and sanitation facilities by 2010.

28. To achieve these results, the country programme will use the following strategies:

(a) Emphasis will be placed on the most vulnerable children to accelerate the reduction of existing gaps. UNICEF will advocate for fulfilling the rights of these children as a means of constructing an equitable society and as a precondition to achieving the Millennium Development Goals.

(b) Adolescent girls and boys will be empowered to become agents of change in the society to improve conditions and reduce gender disparities. Gender concerns will be mainstreamed across different programmes.

(c) Social mobilization and strategic communication will be integrated in the programmes to achieve and sustain the social and behavioural objectives. Meaningful child and community participation will be sought in the design, management and monitoring of programmes that are relevant to the lives of children and communities.

(d) Advocacy and partnership will be enhanced through systematic knowledge management and communication activities to leverage resources for children and promote child rights at the international, national and community levels.

Relationship to national priorities and the UNDAF

29. The country programme aims to contribute to the national goals and targets of the Government's PRSP for July 2005 to June 2007. The Government has also set priorities for children in the National Plan of Action for Children 2004-2009. The country programme will contribute to the overall goals of the Government's sector-wide programmes in health and education and support the health Sector Investment Plan (SIP) 2003-2010 as well as assist the preparation of a Sector Development Programme in water and sanitation. UNICEF will support the Government in the implementation of the National Strategic Plan for HIV/AIDS 2004-2010 and will support coordination through the Joint United Nations Programme on HIV/AIDS (UNAIDS), along with other stakeholders.

30. The common results and complementary roles of United Nations agencies have been articulated in the following six UNDAF priorities: democratic governance and human rights; health, nutrition and sustainable population; education and pro-poor growth; social protection and disaster risk-reduction; gender equity and the

advancement of women; and the prevention of and protection against HIV/AIDS. The UNICEF country programme is strongly linked with and supports these national priorities and UNDAF outcomes.

Relationship to international priorities

31. The Government has strongly endorsed the Millennium Declaration and the Millennium Development Goals. The country programme is targeted to help Bangladesh achieve the Goals, and is guided by the principles of *A World Fit for Children*. Better knowledge of the causes of child morbidity and mortality will enable UNICEF to contribute strategically to the reduction of child mortality. Interventions to ensure quality education and gender equity in schools, support to emergency obstetric care for maternal mortality reduction, and HIV/AIDS prevention will accelerate the achievement of the Goals.

32. The new country programme embraces all focus areas of the MTSP 2006-2009. Increased emphasis will be placed on child survival, maternal mortality reduction and protection as well as HIV/AIDS, considering the potential risk faced by the country.

33. Support to water and sanitation will significantly contribute to the United Nations Decade "Water for Life" 2005-2015. UNICEF will lead the inter-agency collaborative mechanism "United Nations Water", and link with UNICEF offices in the Region for the biennial South Asia Conference on Sanitation.

34. Other international and regional conventions, such as the Optional Protocols to the Convention on the Rights of the Child and the South Asian Association for Regional Cooperation's Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, will facilitate regional cooperation. Resolutions regarding Beijing+10 will be a key reference for efforts to improve gender equality.

Programme components

35. **Health and nutrition**. The programme will contribute to achieving the goal set by the Health, Nutrition, Population Sector Programme-SIP of increasing the availability and utilization of quality services for a defined essential services package. Lessons learned from community-based activities will be used to leverage support for scaling up cost-effective interventions. The areas of focus are high neonatal and maternal mortalities; childhood injuries; inequality in access to and utilization of services; and HIV/AIDS.

36. The programme includes components that are national in coverage (immunization, vitamin A, control of iodine deficiency disorders) and a package of interventions to be implemented in selected areas, in the Chittagong Hill Tracts and urban shanty towns. Through an innovative approach, births will be registered when children receive routine EPI. Facility-based integrated management of childhood illnesses (IMCI) will be expanded from 100 to 300 sub-districts and cost-effective models for community-based IMCI will be established in 50 sub-districts. The programme will also support the development of national strategies and plans for the prevention of injuries, and pilot safety packages for the home, school and communities in selected areas.

37. Support will be provided to improving antenatal and emergency obstetric care in upgraded facilities, combining an efficient response to mothers' needs with care for the newborn as a way to prevent neonatal deaths. Since most deliveries take place at home, targeted support will be provided in select communities for birth planning and recognition of danger signs.

38. A comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV will be promoted and will include technical support for policy development as well as vertical transmission interventions in specific facilities.

39. To reduce malnutrition, the programme will develop new strategies for (a) sustained vitamin A supplementation, de-worming and reduction of iron-deficiency anaemia among children, adolescents and women of child-bearing age; and (b) improvement of the private sector performance in salt iodization. Furthermore, child and maternal nutritional practices will be improved through community-based IMCI.

40. Regular resources will support key interventions, including PPTCT, particularly in developing sustainable and cost-effective child/maternal health and nutrition models for national replication. The key partner in implementation will be the Directorate General of Health Services in the Ministry of Health and Family Welfare. UNICEF will participate in the Donor Consortium monitoring the implementation of the Health, Nutrition, Population Sector Programme and will collaborate with other United Nations agencies and development partners, especially in maternal health.

41. **Child development and education**. The programme aims at ensuring equitable access to quality basic education for all children by increasing children's developmental readiness for school, improving the quality of education, broadening access and reducing gender and other disparities.

42. For pre-school children, the programme will support learning in safe and child-friendly centres and will promote positive practices for early learning in homes and communities. Interventions will focus on the most disadvantaged children in urban shanty towns, the Chittagong Hill Tracts and selected districts.

43. In formal education, support will be provided within the sector-wide programme (PEDP-II) to reach national targets. UNICEF will support in-service training of teachers in child-centred and participatory methods, innovative interventions for inclusive education, social mobilization and community participation to ensure that schools are child-friendly, gender-sensitive, efficient and effective. In six districts UNICEF will develop and pilot these interventions for nationwide implementation within PEDP-II. Support will be extended to secondary education to introduce life skills, including HIV/AIDS prevention, through the curriculum, extracurricular activities and teacher training.

44. In partnership with the Government, non-governmental organizations (NGOs) and communities, UNICEF will provide life-skills-based basic education for 100,000 out-of-school children of primary school age in urban shanty towns, and for 200,000 urban working children aged 10 to 14 (the majority girls). About 20,000 of these children will also receive livelihood training to expand their employment horizons. UNICEF will advocate for policies and practical measures to improve the lives of working children and to decrease the incidence of child labour. UNICEF

will continue its partnership with the International Labour Organization (ILO) in the Time-Bound Programme on the Elimination of the Worst Forms of Child Labour.

45. Regular resources will be used to support PEDP-II and improve access to services for vulnerable groups. Other resources will ensure expansion of initiatives to improve quality, equity and access.

46. **Water and environmental sanitation**. The programme will support the monitoring of progress towards the national and global targets, particularly the Millennium Development Goals. Policy and practice will be linked through support given by UNICEF to the proposed Policy Support Unit in the Ministry of Local Government, Rural Development and Cooperatives and through involvement in the preparation of a Sector Development Programme. Key partners include DFID, the Danish International Development Agency and the World Bank. Advocacy will focus on arsenic mitigation, water quality, school sanitation and hygiene education. The programme will develop a knowledge base on the w and sanitation sector through the analysis of programme experience, the monitoring of sector developments and active involvement in various national, regional and global networks.

47. UNICEF will support the development and improvement of water quality monitoring systems and the adoption of the water-safety plan approach. Technologies for arsenic mitigation will continue to be developed and promoted. The range of appropriate sanitation options will be extended, especially for high water table areas and urban shanty towns. Ecological sanitation will be investigated for appropriateness in Bangladesh. Solid-waste management and drainage systems will be further developed for shanty towns.

48. The programme will support communities in achieving their objectives regarding improvements in hygiene practices and access to sanitation and safe water supplies by strengthening community capacity for self-analysis, action planning, monitoring and evaluation. The programme will ensure that a comprehensive solution is reached for the whole community, engaging the poor and marginalized groups. The projects will include school sanitation and hygiene education as an integrated component of the community action plan. Flood preparedness will be addressed in all flood-prone areas.

49. UNICEF will use its regular resources for funding the core activities in knowledge development, advocacy and sector development, with some limited support given to community projects. Other resources funding will allow for the expansion of the community projects across a wider area.

50. **Child protection**. The programme aims to create a culture of respect for children's protection rights through advocacy, a change of societal attitudes, strengthened capacity in social work, and the establishment of protective social services and mechanisms.

51. UNICEF will focus on adolescents, especially girls, children at risk, and policy development, advocacy and legal reform. Adolescents equipped with appropriate life skills will be able to better protect themselves from exploitation, violence, and abusive practices, including dowry and child marriage and trafficking. The involvement of the family and community will support this improvement in life skills, with its positive effect on gender roles. Children without parental care, or who are involved in domestic labour or commercial sexual exploitation, are

considered to be at risk, and their needs will be addressed. The programme will also facilitate the implementation of the new birth registration law through intersectoral coordination. In addition, it will support the reform of the juvenile justice system by promoting measures that do not deny children's freedom and that support rehabilitation in the children's natural social environment.

52. The programme will assist the development of policies as well as legal and institutional reforms and will strengthen social protection services to support children and their families.

53. Implementation will take place in partnership with the Ministry of Women and Children Affairs, the Ministry of Home Affairs, the Ministry of Social Welfare, the Ministry of Local Government, Rural Development and Cooperatives and the Ministry of Law, Justice and Parliamentary Affairs. The programme will strengthen partnerships with international and national NGOs and United Nations agencies, including the ILO and the United Nations Development Programme (UNDP).

54. Regular resources will fund core activities in legal reform, advocacy and policy development, with limited support given to community projects. Other resources will ensure expansion of community-based interventions and programme activities for adolescents.

55. **Policy, advocacy and partnerships for children's rights**. The programme will advocate for the rights of all children, aiming to ensure that children are at the centre of national instruments and plans. The programme will strengthen the knowledge base, so that effective advocacy can take place for policy change, and will build the capacities of relevant institutions to help monitor the implementation of the Convention on the Rights of the Child. Through communication interventions, the programme will inform and sensitize all levels of society on children's rights.

56. The programme will support the functioning of the Child Rights Commission as an independent monitoring body. Analysis and monitoring of progress in the achievement towards the Millennium Development Goals, supported by *DevInfo*, will be used to promote policy changes and resource allocations. Multiple Indicator Cluster Surveys will be conducted, and a bottom-up routine data-collection system will be piloted. Surveys and research on cross-sectoral areas will be conducted to broaden the knowledge base. The programme will aim to establish a knowledge management system to collect, validate and provide up-to-date, strategic information on the situation of children and women, identifying the most marginalized groups in order to address their needs in policy and programmes. It will also support knowledge-sharing networks, policy dialogue and the participation of civil society.

57. Children will be actively involved in the advocacy process, directly and through opinion-polling among children. In collaboration with journalist organizations, efforts will be made to enhance the skills of communicators regarding children's issues and to promote ethical ways of reporting on those issues. Children's issues and the Millennium Development Goals will be kept high on the agenda with the help of new and existing partnerships, especially with the donor community, international media, National Committees for UNICEF and other United Nations agencies. Necessary information will be provided during emergencies and through the UNICEF website.

58. **Cross-cutting issues**. The preparation of the country programme has highlighted the increasing need for issues to be addressed across programmes. Cross-sectoral coordination is particularly needed for HIV/AIDS, injury prevention, birth registration, emergency response and integrated interventions in the Chittagong Hill Tracts and urban shanty towns.

59. UNICEF will support the national response to HIV/AIDS, focusing on providing adolescent boys and girls with the information and skills needed to reduce their vulnerability to HIV. Regular resources will help to develop models and tools for these interventions. The country programme will have the flexibility to adjust to both the unfolding of the emerging epidemic and external support mechanisms.

60. Injury prevention will also be addressed by various programmes, in keeping with the multifaceted nature of the issue. Birth registration will be enhanced through its association with EPI, school enrolment, and interventions for vulnerable children. Preparedness and responses to emergencies will be integrated in each programme to meet the Core Corporate Commitments of UNICEF in emergencies.

61. In urban shanty towns and the Chittagong Hill Tracts, an integrated package of basic services will be delivered through a cross-sectoral approach. Urban Development Centres and *para* centres will be the starting points of the integrated community-based approach through which most sectoral activities will be implemented. In the Chittagong Hill Tracts, the existing 2,200 *para* centres will be strengthened while efforts go towards establishing 2,000 new ones.

62. **Cross-sectoral costs**. Part of the programme budget will be used to cover cross-sectoral expenses for the implementation of the country programme and office management. They include operating expenses, salary and travel costs of cross-sectoral staff, and office and IT equipment.

Major partnerships

63. Collaboration will be strengthened with development partners, including United Nations agencies, the World Bank, and the Asian Development Bank (ADB). The country programme will continue to work closely with international and national NGOs and civil society organizations. Interventions for the elimination of child labour will be implemented jointly with ILO and ADB. Joint initiatives with UNDP, the United Nations Population Fund and WFP will be developed into more mature programmes. WHO will be a partner in health-related initiatives. In addition, UNICEF will continue to play a strong role in the United Nations Theme Group and to support the UNAIDS secretariat. Collaboration and coordination will be intensified with donors, including Australia, Canada, Germany, Japan, the Netherlands, Sweden and the United Kingdom, as well as with the European Union and National Committees. Active participation in SWAps and donor consortiums will continue to ensure that strategic relationships are maintained with partners, including international financial institutions.

Monitoring, evaluation and programme management

64. The progress and expected key results will be assessed by Millennium Development Goal indicators and progress indicators specified in the results matrix. The progress of the programme will be monitored regularly by both Dhaka-based

and field-based staff. In 2008, an MTR will be undertaken. Monitoring and evaluation activities will be planned strategically using the Integrated Monitoring and Evaluation Plan. Main programmes will conduct an evaluation either before the mid-term or in association with the development of the succeeding country programme. Pilot projects will be assessed and measured against baseline data, and positive results will be used to advocate for scaling up.

65. The Economic Relations Division of the Ministry of Finance will be coordinating the planning and implementation of this programme under the guidance of the Joint Government-UNICEF Advisory Group.